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ABSTRACT

A team from the New York State Education Department examined the regulatory compliance of the human immunodeficiency virus acquired immune deficiency syndrome (HIV/AIDS) instructional program of the New York City Public Schools and assessed the policies and procedures of the New York City Central Board of Education and community school districts in governing HIV/AIDS instruction. Surveys, observations, and review of documents in 102 elementary, junior, and senior high school buildings, and focus group discussions in 15 schools, revealed that several elements were in general or full compliance: providing accurate, age-appropriate information and curricula; instruction consistent with community values; advisory representation from required groups/individuals; development and implementation of instructional programs by boards of education and their HIV/AIDS committees; and condom availability. Areas of noncompliance included: not stressing abstinence, improper exemption from instruction, uncertified or untrained educators, and inadequate involvement of advisory council members. This report describes all aspects of the compliance review, including the design of the review; the methodology used to conduct the review and collect data; the standards developed to determine compliance; the results of data collection; data analysis; and findings and recommendations. Appendices include copies of relevant regulations and the data collection instruments. (JDD)

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ED 366 575

A COMPLIANCE REVIEW OF HIV/AIDS INSTRUCTION IN NEW YORK CITY PUBLIC SCHOOLS

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EXECUTIVE SUMMARY

In New York State, the rules governing HIV/AIDS, are stated in Commissioner's Regulations Part 135 3(a)(b)(c) including the Regents Policy Statement on HIV/AIDS Instruction (see Appendix A). The regulations require all school districts in the State to teach about HIV/AIDS and to include this instruction as part of the overall health education program. The regulations require the HIV/AIDS instructional component to reflect accurate, age-appropriate information about the disease, how it is transmitted, and how it can be prevented. Requirements about the instructional materials, the certification of teachers who teach the HIV/AIDS component, the role of the board of education and the school district advisory council on HIV/AIDS, and policies and procedures governing a district's condom availability program are also included in these regulations.

In fall 1992, Commissioner Thomas Sobol directed State Education Department staff to conduct a comprehensive review of the HIV/AIDS instructional program in the New York City Public Schools to determine compliance with all relevant components of the Commissioner's Regulations. A team of Department staff, including staff from the Department's Office of Counsel, designed a review that would examine the regulatory compliance of the HIV/AIDS instructional program and assess the policies and procedures of the New York City Central Board of Education and community school districts in governing HIV/AIDS instruction.

The on-site review of the HIV/AIDS instructional program in the New York City Public Schools was conducted in spring 1993. A random sample of 102 elementary, junior, and senior high school buildings in the five boroughs of New York City was selected to participate in the review.

A variety of data collection methods, including surveys, classroom observations, focus groups, and document reviews, were used to answer seven study questions developed to determine compliance with Commissioner's Regulations. These questions follow:

1. Does the instructional program provide accurate information concerning the nature of the disease, methods of transmission, and methods of prevention which stress abstinence?

2. Is the HIV/AIDS instruction being offered appropriate for the age and grade level of students?

   (This question also sought to determine if instruction provided by representatives of community-based organizations is appropriate, if all HIV/AIDS instruction is consistent with community values, and if children are properly exempted from instruction regarding the methods of preventing the disease.)

3. Are the instructional materials being used appropriate for the age and grade level of students?

4. Are instructional personnel at the secondary level holders of a certificate to teach health education?

   (In addition, this question addressed the requirement that each secondary school have a designated health coordinator.)

5. Are health service personnel and HIV/AIDS instructional personnel receiving adequate training?

6. Are Boards of Education and HIV/AIDS Advisory Councils active in determining the content of the HIV/AIDS curriculum, approving its implementation, and evaluating the instructional program?

   (Included in the analysis of this question is the requirement that the HIV/AIDS Advisory Councils have representatives from all groups mentioned in the regulations.)

7. Is the Central Board of Education establishing procedures to assure that condom availability programs at the high school level comply with all requirements in the Commissioner's Regulations?

In each of the school buildings in the sample, the principal, elementary classroom teachers and health educators were surveyed; a classroom lesson in HIV/AIDS was observed by a trained reviewer; curriculum documents and materials were reviewed; and, in 15 school buildings, teacher and student focus group discussions were conducted. All members of the Central Board of Education, all community school district Boards of Education, and all HIV/AIDS Advisory Councils were surveyed, and Central and Community School District Board policies and other documents governing HIV/AIDS instruction were reviewed.

The data collected for the review were grouped and analyzed for each of the seven questions and compared to established State Education Department standards to determine compliance. The standards are described on pages 14-18. Most elements of the HIV/AIDS instructional program were found to be generally or fully in compliance. Those areas generally in compliance included:

1. HIV/AIDS instruction provides accurate information and is age-appropriate in a majority of content areas across grade levels.

2. Curricular documents used to deliver HIV/AIDS instruction are both accurate and age-appropriate across grade levels.

3. The HIV/AIDS Instructional Program, including instruction provided by community-based organizations, is consistent with community values as reported by a majority of boards of education, advisory councils and teachers.

4. The required groups/individuals are or have been represented on the HIV/AIDS advisory councils. (In some areas retired members are currently being replaced.)

5. A majority of boards of education and their HIV/AIDS committees are actively involved in developing and implementing the instructional program.

6. The condom availability program is reported in full compliance with Commissioner's regulations.

Seven outstanding compliance issues are identified in the report and listed below:

1. *The New York City HIV/AIDS Supplement For Grades 7-12: Family Living Including Sex Education* did not comply with the requirement that the portion of the curriculum which focuses on methods of prevention stress abstinence as the most effective method. It should be noted, however, that New York City school district staff members indicated they are currently addressing this issue through the development of a new secondary HIV/AIDS curriculum.

2. Some curriculum documents, locally-developed in community school districts, were found to be inadequate in presenting accurate information on the methods of HIV/AIDS transmission and prevention.

3. Thirteen (13) percent of building principals in the study reported that students had been improperly exempted from HIV/AIDS instruction.

4. Over 35 percent of the educators who were identified as secondary health educators by the BEDS system and who were surveyed reported that they were not certified to teach health.

5. Twenty-eight (28) percent of the elementary classroom teachers that provided HIV/AIDS instruction in 1992-93 and completed a survey had not received training to provide such instruction.

6. Approximately 30 percent of elementary classroom teachers who had received training and responded to the survey reported that either they did not feel well-prepared to teach certain content areas in HIV/AIDS or they had not received training in particular content areas.

7. Although a majority of AIDS Advisory Council members reported appropriate involvement in the program, less than 80 percent indicated so. The level of involvement needs improvement.

The following recommendations are suggested to address the compliance issues identified above:

1. The New York City Board of Education should complete the new secondary curriculum to replace *The New York City HIV/AIDS Supplement for Grades 7-12: Family Living Including Sex Education*, and ensure the new document is in compliance with Commissioner's Regulations pertaining to the requirement that the portion of the curriculum which focuses on methods of prevention stress abstinence as the most effective method. In the interim (between September 1993 and the introduction of a new curriculum), New York City district staff should: a) send a memorandum to all instructional staff and school and district administrators alerting them to the problem; and b) include in the memorandum appropriate revised lessons to be used to stress abstinence.

2. The New York City Board of Education should provide technical assistance to community school districts to improve the accuracy of content concerning HIV/AIDS transmission and prevention in their curriculum documents in a manner consistent with community values.

3. The New York City Board of Education should ensure that all schools adhere to proper exemption procedures for HIV/AIDS instruction.

4. The New York City Board of Education should develop, in consultation with the State Education Department, a long-range plan to increase the number of certified health educators to teach in the New York City Public Schools.

5. All teachers at all levels of education in the New York City Public Schools who are responsible for providing HIV/AIDS instruction should receive training and annual updates to teach HIV/AIDS in an accurate and age-appropriate manner.

6. All training programs should be evaluated in order to address the training needs of those teachers who feel less than well-prepared to teach any of the critical components of the HIV/AIDS instructional program.

7. The New York City Board of Education should review the level of involvement of HIV/AIDS advisory council and school boards members to determine the need for increasing active participation in the development, implementation and evaluation of the HIV/AIDS instructional program.

8. The State Education Department's Field, Policy, and Central teams should work with the New York City Board of Education and provide technical assistance to address the above compliance issues.

The report describes all aspects of the comprehensive compliance review including the design of the review; the methodology used to conduct the review and to collect critical data; the standards developed to determine compliance; the results of the data collection activities; an analysis of the data; and the findings and recommendations concerning the compliance status of the New York City Public Schools.

Appendices include copies of Commissioner's Regulations and the data collection instruments used in the review.

Chapter 1

DESIGN, METHODOLOGY, AND COMPLIANCE STANDARDS

DESIGN

Commissioner's Regulations Part 135 (3)(a)(b)(c) including the Regents Policy Statement on HIV/AIDS Instruction, found in Appendix A, provided the basis for the development of seven questions to determine the compliance of the HIV/AIDS instructional program provided to students in the New York City Public Schools. Each of the seven questions directly addresses specific requirements of Commissioner's Regulations for HIV/AIDS instruction. These questions are listed below:

1. Does the instructional program provide accurate information concerning the nature of the disease, methods of transmission, and methods of prevention which stress abstinence?

2. Is the HIV/AIDS instruction being offered appropriate for the age and grade level of students?

   (This question also sought to determine if instruction provided by representatives of community-based organizations is appropriate, if all HIV/AIDS instruction is consistent with community values, and if children are properly exempted from instruction regarding the methods of preventing the disease.)

3. Are the instructional materials being used appropriate for the age and grade level of students?

4. Are instructional personnel at the secondary level holders of a certificate to teach health education?

   (In addition, this question addressed the requirement that each secondary school have a designated health coordinator.)

5. Are health service personnel and HIV/AIDS instructional personnel receiving adequate training?

6. Are Boards of Education and HIV/AIDS Advisory Councils active in determining the content of the HIV/AIDS curriculum, approving its implementation, and evaluating the instructional program?

   (Included in the analysis of this question is the requirement that the HIV/AIDS Advisory Councils have representatives from all groups mentioned in the regulations.)

7. Is the Central Board of Education establishing procedures to assure that condom availability programs at the high school level comply with all requirements in the Commissioner's Regulations?

To obtain information to answer the above questions, Department staff designed a review to provide for an in-depth analysis of the HIV/AIDS instructional program in a representative sample of school buildings and to examine the policies and procedures of the Central and community school districts governing HIV/AIDS instruction. Information about the building level instructional programs and district policies and procedures was gathered through a variety of means, including surveys, interviews, classroom observations, focus group discussions, and document reviews.

Department and regional HIV/AIDS staff were trained to conduct the various review activities at the school sites. Department staff with expertise in HIV/AIDS education evaluated HIV/AIDS curriculum documents and materials developed and disseminated by the New York City Central Board of Education as well as documentation specific to the HIV/AIDS instructional program from the Central and Community School District Boards of Education.

A detailed description of the sampling procedures used, the development and pilot testing of the instruments, and specific implementation activities is presented in the Methodology section which follows.

METHODOLOGY

Sample. A random sample of 102 schools, stratified by grade level and geographic location, was selected for the review of the HIV/AIDS instructional program at the building level. The sample represented ten percent of the buildings in the New York City Public School system. Table 1.1 below indicates the distribution of the study sample by building level and borough:

Table 1.1 Distribution of Schools Participating in Compliance Review by Building Level and Borough of New York City

	Manhattan	Bronx	Brooklyn	Queens	Richmond	Total
Elementary	10	13	22	16	4	65
Middle	3	6	9	6	1	25
High School	3	2	4	2	1	12
Total	16	21	35	24	6	102

In each of the 102 schools in the sample, the principal, elementary classroom teachers and health educators were surveyed, a classroom lesson in HIV/AIDS was observed, and curricular documents and materials used to provide HIV/AIDS instruction were reviewed. Focus group discussions for teachers and high school students were conducted in five elementary, five middle and five high school buildings selected from the school sample.

All members of the Central Board of Education, the 32 Community School District Boards of Education and their respective HIV/AIDS Advisory Councils were surveyed. Relevant documents governing HIV/AIDS instruction from the Central Board of Education and all community school districts were reviewed. Table 1.2 below indicates the specific numbers of surveys, observed lessons, and focus group discussions conducted.

Table 1.2 Numbers of Study Instruments and Evaluation Activities by Elementary, Middle, and Secondary Schools

Levels	Schools	Lessons	Surveys	BOE & Advisory Council Surveys	Focus Groups
Elementary	65	65	2,600 Teachers 65 Principals	All	5
Middle	25	25	100 Teachers 25 Principals	All	5
High School	12	12	50 Teachers 12 Principals	All	10

Note: BOE refers to Board of Education.

The purpose of the classroom observations was to observe first-hand an HIV/AIDS lesson and to collect information concerning the nature of this instruction. The Department established a procedure to identify trained teachers and to provide an alternate, randomized list of trained teachers to building principals. Some elementary schools had a designated cluster teacher responsible for providing all HIV/AIDS instruction in the building. In those cases, the cluster teacher was designated to provide the HIV/AIDS demonstration lesson for the school-site review.

Teachers were randomly selected to be observed. They were requested to specifically plan and teach an HIV/AIDS lesson on the day of the visit since HIV/AIDS instruction occurs at various times during the school year and might not be occurring during the period of time scheduled for the classroom observations. A total of 112 classroom observations were conducted (in some buildings more than one classroom was observed).

Development and Pilot Testing of Review Instruments. Fourteen (14) data collection instruments, including surveys, a classroom observation checklist, document review forms and focus group discussion guides, were developed by Department staff to provide information to address the seven compliance review questions.

A pilot study of the instruments was conducted by Department staff in November 1992 in three elementary, three middle, and three high school buildings in a New York City community school district. Consultations with school building administrators and teaching staff at these nine buildings provided valuable feedback during the instrument development process as well as helpful suggestions about how to conduct review activities at the school site.

A description of the various data-collection instruments follows. Appendix B contains copies of all of the data-collection instruments.

Surveys:

Building Principal Surveys: Two building principal surveys were developed - one for elementary and middle school building principals and one for high school building principals. These surveys were designed to provide information about the HIV/AIDS instruction provided in each building, the curricular documents available for this instruction, the training provided to teachers, and administrative policies and practices. The high school building principals survey included additional items related to condom availability programs.

Teacher/Health Educator Surveys: A survey for classroom teachers at the elementary level and a survey for health educators at the middle and high school levels were designed to determine the content of HIV/AIDS lessons, the curricular documents and materials used, and the nature and extent of training received to teach HIV/AIDS.

Board of Education Member Surveys: Two surveys were developed for board of education members. One survey was designed specifically for members of the New

York City Central Board of Education, and one was designed for members of the 32 Community School District Boards of Education. These surveys solicited information about the activities of the boards relative to Commissioner's Regulations on HIV/AIDS instruction.

HIV/AIDS Advisory Council Member Surveys: Two surveys were developed for members of HIV/AIDS Advisory Councils. One survey was specific to members of the New York City Central Board of Education HIV/AIDS Advisory Council, and one was specific to members of HIV/AIDS Advisory Councils in each of the community school districts. These surveys solicited information about the activities of HIV/AIDS Advisory Councils relative to Commissioner's Regulations on HIV/AIDS instruction.

Surveys were mailed ten days prior to the beginning of compliance reviews at school sites. Surveys for building principals, teachers and health educators were mailed for overnight delivery to each of the school buildings in the sample. Principals were requested to distribute the surveys and provide a collection point in the building for completed surveys for retrieval by Department review teams at the time of the school-site review. Surveys for members of Central and Community School District Boards of Education and requests for documentation were mailed to presidents of the Central and Community School District Boards of Education.

Observation Checklist:

A Classroom Observation Checklist was developed to collect information about the nature and accuracy of HIV/AIDS instruction provided in a demonstration lesson. The form was designed for use by the trained observers described in the previous sections.

Document Review Forms:

Review Form for Curricular Documents: A form was designed to provide information about curricular documents and materials used in HIV/AIDS instruction. This form was designed to identify topic areas addressed in HIV/AIDS and to determine the accuracy and age-appropriateness of the information provided.

Prior to school-site reviews, Department staff with expertise in HIV/AIDS education evaluated curriculum documents for HIV/AIDS instruction developed by the Central Board of Education and provided to the New York City Public Schools using the *Review Form for Curricular Documents*. The New York City curriculum documents reviewed were:

- *New York City Public Schools HIV/AIDS Curriculum for Grades K-6: A Supplement to a Comprehensive Health Curriculum (1992);*
- *Draft of the New York City Public Schools HIV/AIDS Curriculum/Grades K-6 (1989);*

- *New York City Public Schools AIDS Supplement for Grades 7-12: Family Living Including Sex Education; and*

- *Growing Healthy K-6: AIDS Infusion Lessons.*

The Department teams conducting school-site reviews were provided a list of these reviewed documents. If curriculum documents on this list were used at the school-site, the reviewer completed the top of the *Review Form for Curricular Documents* and entered the name of the document on the form. Curriculum documents or materials used at the school site, that were not on the list of previously reviewed documents, were evaluated by a member of the school-site review team.

Condom Availability Review Form: This form was designed to determine whether condom availability programs in high school buildings are conducted according to Commissioner's Regulations. Document review was the major source of information about these programs. Further information, if required, was solicited through an interview with the building principal and/or the designated health coordinator or HIV/AIDS team leader.

Central and Community School District Policy Documents Review Form: This form was designed to provide information on documents requested from the Central and Community School District Boards of Education regarding the development, implementation, and evaluation of the HIV/AIDS instructional program. The Department's HIV/AIDS program staff reviewed documents, including policies, program guidelines, training information and board minutes, that were provided by the Central and Community School District Boards of Education using the *Central and Community School District Policy Documents Review Form.* Information not readily available from the documents was solicited through interviews with Central administrative staff and community school district health coordinators.

Department staff contacted all Community School District Board of Education offices that did not respond to the initial request for documentation. Administrative staff of the Central Board of Education assisted the Department by contacting these offices to encourage their cooperation with the Department's request.

Focus Group Discussion Guides:

Teacher and Student Focus Group Discussion Guides: Two focus group discussion guides were developed, one for high school students and one for teachers. The discussion questions in each guide were designed to solicit information to provide a more thorough understanding of the implementation of the HIV/AIDS instructional program in the New York City Public Schools. A total of five student and 15 teacher focus group discussions were conducted. The sessions were facilitated by Department staff skilled in conducting focus groups and specifically trained for the purposes of this review. All focus group discussions were tape recorded, with the permission of the participants, and transcribed for data analysis purposes.

The data collection instruments were reviewed several times by members of the Department's HIV/AIDS compliance review advisory team as well as by expert staff from the central administration of the New York City Board of Education. Extensive revisions and refinements were made based on numerous suggestions received during this review process.

A study matrix (Appendix C) was developed, cross-referencing items on each of the data collection instruments with the seven questions for the compliance review. The matrix was developed to ensure that the information gathered provided evidence of compliance for all questions and from at least two sources for each question. The matrix was updated each time data collection instruments were revised.

Orientation and Training Activities:

Orientation and Training of Department Reviewers: Approximately 50 Department and regional staff members were identified to conduct review activities at the 102 randomly selected schools. These staff members, who have teaching, monitoring and/or school administrative experience, were invited to an orientation describing the purpose of the compliance review, the projected review dates, and their roles and responsibilities related to the review.

Two weeks prior to the scheduled review activities in New York City, Department staff in school health education conducted an intensive three-day training for these staff members that provided: an overview of HIV/AIDS, including the nature, transmission, and prevention of the disease; a review of Commissioner's Regulations for health education including HIV/AIDS; training in the use of the site review instruments; and specific instructions about how to conduct site reviews. Pre- and post-training evaluation results, found in Appendix C, indicated that the reviewers' reported working knowledge of HIV/AIDS content and requirements increased from a 35 percent to an 89.5 percent level of proficiency.

The day before site reviews began, Department reviewers attended a briefing session in New York City conducted by Department staff to acquaint them with the processes and procedures established for distribution and collection of all review forms, transportation arrangements to school sites, and review of site visit procedures.

Orientation for Building Principals: Three weeks prior to the review, Department staff members and representatives from the New York City Central Board of Education provided an orientation in New York City for building principals of the schools selected for site reviews. The objectives of this meeting were to: explain the purpose of the review; identify projected dates for site reviews; describe site review activities; and explain how site reviews would be conducted.

The orientation also provided answers to several questions from the principals related to the compliance review process. Included were questions on distributing surveys, conducting focus group discussions, and identifying teachers or health educators to provide the demonstration lessons in HIV/AIDS.

Orientation for Teachers: At the request of the United Federation of Teachers which represent teachers in New York City, an orientation session was held one week prior to the school site reviews for elementary classroom teachers and health educators randomly selected to present the HIV/AIDS demonstration lesson. This session, facilitated by central administrative staff from the New York City Board of Education, provided an overview of the study, outlined the purpose of the classroom observations, and explained how the observations would be conducted. Department staff provided information about the Commissioner's Regulations related to HIV/AIDS instruction and answered questions teachers had about the compliance review.

Schedule for School-Site Reviews: Department staff worked in concert with central administrative staff from the New York City Board of Education to identify dates during which the reviews could be conducted. A schedule was established to review all schools in the sample during a three-day period. An additional day was reserved at the end of this three-day period to accommodate last minute changes, thereby ensuring the completion of all planned review activities at school sites. Central administrative staff and building principals were provided written notification of the dates and times of scheduled site reviews. Adjustments were made to times and dates of site visits, as requested, to accommodate individual school building schedules.

Teams of two trained Department reviewers visited schools in the sample during the three days to conduct the data collection activities. At each school, the review team conducted curricular document reviews, observed a demonstration lesson in HIV/AIDS, and collected teacher and building principal surveys. In five elementary and five middle school buildings, teacher focus group discussions were conducted. In five high school buildings, student and teacher focus group discussions were conducted.

School-Site Reviews: Department staff coordinated review activities in New York City which included the distribution of review packets for each building to Department review teams; the collection of surveys and other completed documents and forms following school-site reviews; preparation of data collection forms for data entry; and necessary communication with central administrative staff and school building administrators.

COMPLIANCE STANDARDS

Compliance standards were established for each of the seven questions to determine the extent to which the New York City Public Schools were in compliance with Commissioner's Regulations for HIV/AIDS instruction. The criteria and rationale for each standard follow.

Question One:

Does the instructional program provide accurate information concerning the nature of the disease, methods of transmission, and methods of prevention which stress abstinence?

1.1 **New York City Board of Education curriculum documents for HIV/AIDS must be rated in full compliance for accuracy of information.**

Rationale: It is the responsibility of the Board of Education to provide curriculum documents to New York City Public Schools that include accurate information. Given the fact that the New York City Board of Education documents are the most frequently used documents and were reviewed by State Education Department experts, the standard of compliance needed was set at 100 percent. [Refer to Commissioner's Regulations 135.3(b)(2) and 135.3(c)(2)(i).]

1.2 **Curriculum documents developed by community school districts which were reviewed at school sites must be rated by 85 percent or more of the reviewers as accurate.**

Rationale: The 85 percent (rather than 100 percent) standard adjusts for statistical error in ratings among reviewers based on the reported inter-rater reliability following training.

1.3 **Classroom observations of HIV/AIDS lessons must be rated by 85 percent or more of the observers as presenting accurate information regarding the three major content areas: the nature of the disease, the methods of transmission, and the methods of prevention.**

Rationale: The 85 percent (rather than 100 percent) standard adjusts for statistical error in ratings among reviewers based on the reported inter-rater reliability following training.

Question Two

Is the HIV/AIDS instruction being offered appropriate for the age and grade level of students?

NOTE: In addition to determining age-appropriateness of HIV/AIDS instruction, Study Questions Two and Three sought to determine if all HIV/AIDS instruction is consistent with community values, including instruction provided by community-based organizations, and if children are properly exempted from instruction regarding the methods of preventing HIV/AIDS.

2.1 **Classroom observations must be rated by 85 percent or more of the observers as age-appropriate.**

Rationale:	The 85 percent (rather than 100 percent) standard adjusts for statistical error in ratings among reviewers based on the reported inter-rater reliability following training.

2.2 **Over 50 percent of Central and Community School District Boards of Education and HIV/AIDS Advisory Council members must judge instruction as consistent with community values.**

Rationale:	Members of the Central and Community School District Boards of Education and HIV/AIDS Advisory Councils are representative of the community. If a democratic process is used, agreement is indicated by a simple majority.

2.3 **All schools must have established appropriate procedures for students who are exempted from prevention lessons.**

Rationale:	Commissioner's Regulations 135.3(b)(2) and 135.3 (c)(2)(i) are specific about the circumstances under which students may be exempted from HIV/AIDS instruction.

Question Three

Are the instructional materials being used appropriate for the age and grade level of students?

3.1 **All New York City Board of Education HIV/AIDS curriculum documents must be rated in full compliance for age-appropriateness.**

Rationale:	It is the responsibility of the Board of Education to provide curriculum documents to New York City Public

Schools that are age-appropriate. Given the fact that the New York City Board of Education documents are the most frequently used documents and were reviewed by State Education Department experts, the standard of compliance was set at 100 percent. [Refer to Commissioner's Regulations 135.3 (b)(2) and 135.3(c)(2)(i).]

3.2 **Curriculum documents developed by community school districts, and which were reviewed at the school sites, must be rated by 85 percent or more of the reviewers as age-appropriate.**

Rationale: The 85 percent (rather than 100 percent) standard adjusts for statistical error in ratings among reviewers based on the reported inter-rater reliability following training.

Question Four

Are HIV/AIDS instructional personnel at the secondary level holders of a certificate to teach health education?

In addition to certification to teach health, this question addressed the requirement for a health coordinator.

4.1 **All health education staff teaching HIV/AIDS at the secondary level must be certified to teach health.**

Rationale: Commissioner's Regulations 135.3(c)(1) specify that health instruction, including HIV/AIDS, must be provided in grades 7-12 by teachers holding a certificate to teach health.

4.2 **All secondary schools must have a designated health coordinator.**

Rationale: Commissioner's Regulations 135.3(c)(1) specify that a member of the faculty "with approved preparation shall be designated as health coordinator..."

Question Five

Are health service personnel and HIV/AIDS instructional personnel receiving adequate training?

5.1 **All staff who provided HIV/AIDS instruction in 1992-93 should have received training in HIV/AIDS.**

Rationale: Commissioner's Regulations 135.3(b)(2) and 135.3 (c)(2)(i) specify that the board of education or trustees are responsible to provide training for instructional staff who provide HIV/AIDS instruction.

5.2 **Eighty (80) percent of elementary teachers must indicate that they were somewhat or very well prepared to teach HIV/AIDS as a result of training.**

Rationale: This standard allows for the situation where some elementary classroom teachers may never express total confidence in their expertise in this area.

5.3 **Ninety (90) percent of health educators must indicate that they were somewhat or very well prepared to teach HIV/AIDS as a result of training.**

Rationale: This standard takes into consideration that the topic of HIV/AIDS is within a health educator's area of expertise; therefore, increased confidence and a higher comfort level with the information is expected.

Question Six

Are Boards of Education and HIV/AIDS Advisory Councils active in determining the content of the HIV/AIDS curriculum, approving its implementation, and evaluating the instructional program?

6.1 **Eighty (80) percent of the Boards of Education and HIV/AIDS Advisory Council members must indicate involvement in the content, implementation, and evaluation of the HIV/AIDS instructional program.**

Rationale: This standard (rather than 100 percent) takes into consideration that members of Boards of Education or HIV/AIDS Advisory Councils have recently been appointed or have had limited involvement due to missed meetings, etc.

6.2 **All HIV/AIDS Advisory Councils must have representatives as specified in Commissioner's Regulations.**

Rationale: Commissioner's Regulations Part 135.3(b)(2) and 135.3 (c)(2)(i) specify that an advisory council shall consist of parents, school board members, appropriate school personnel, and community representatives, including representatives from religious organizations.

Question Seven

Is the Central Board of Education establishing procedures to assure that condom availability programs at the high school level comply with all requirements in the Commissioner's Regulations?

7.1 **The Central Board of Education must comply with all procedures for establishing condom availability programs in high schools.**

Rationale:	Commissioner's Regulations 135.3(c)(2)(ii) are specific about the responsibilities of a board of education that elects to make condoms available to students as part of the HIV/AIDS instructional program.

The next chapter presents the results of data collection activities and the findings of the compliance review for each of the seven questions.

FINDINGS

All survey and evaluation data collected for the study were entered into databases established for the study. Table 1.3 below lists the number of surveys distributed, the completed surveys returned to the Department, and the percent of completed surveys.

Table 1.3 Numbers of Surveys Distributed and Returned

Surveys Distributed	Completed Surveys Returned	Percent of Surveys Returned	Survey Instruments
2,600	1,781	68.5	Elementary Teacher Surveys
150	139	92.7	Health Educator Surveys
90	87	96.7	Elementary & Middle School Principal Surveys
12	12	100.0	High School (Secondary) Principal Surveys
640	317	49.5	CSD HIV/AIDS Advisory Council Surveys
288	68	23.6	CSD Board of Education Surveys
23	11	47.8	Central Board of Education Advisory Council Survey
7	0	0.0	Central Board of Education Survey

The number of surveys returned is statistically acceptable for determining compliance issues, with the exceptions of a low rate of return of surveys from Community School District Board members and the return of no surveys from Central Board members. Counsel to the New York City Board of Education informed the State Education Department that individual members of the Board were advised not to complete the survey.

Due to a low initial response from members of Community School District Boards of Education and HIV/AIDS Advisory Councils, a second mailing of surveys was sent. It is possible that Board of Education and HIV/AIDS Advisory Council members, although instructed not to do so, may have completed two surveys; therefore, information from these sources should be viewed with caution.

Other Data Collection Activities. In addition to the above surveys, data were obtained through the following compliance review activities:

- 112 classroom observations across the 102 schools participating in the study;
- review of 116 different HIV/AIDS curriculum documents, materials and resources;
- review of four groups of documents provided by the Central Board of Education;
- review of 12 high school HIV/AIDS instructional plans for information related to condom availability programs;
- review of documents provided by 11 of the 32 Community School District Boards of Education; and
- 15 teacher and five high school student focus group discussions.

The matrix developed for the study provided for the grouping of specific questions on each survey or evaluation instrument to answer each of the seven study questions and related compliance issues. Numbers and percents of responses to questions from each of the data collection instruments were calculated using the Statistical Package for the Social Sciences (SPSS) program. This procedure made it possible to determine, for example, how many and what percent of reviewers rated HIV/AIDS lessons as age-appropriate or accurate in content. Transcripts of the teacher and student focus group discussions were analyzed for content related to each study question. Individual responses or comments were determined to be either corroborative or non-corroborative of the results of other study instruments for each question.

The critical information for answering each of the seven compliance questions is presented in this chapter. Questions Two and Three have been combined for ease of interpretation and presentation. The information obtained from each instrument is presented followed by a summary of findings related to each review question.

Compliance Question One: Does the instructional program provide accurate information concerning the nature of the disease, methods of transmission, and methods of prevention which stress abstinence?

Question One addresses Commissioner's Regulations requiring that the HIV/AIDS instructional program must provide accurate information about the nature of the disease, the methods of transmission, and the methods of prevention. Commissioner's Regulations also require that abstinence should be emphasized as the most effective method for prevention of HIV/AIDS.

The data collection instruments and activities used to determine the compliance of New York City Board of Education with these requirements are as follows: the *Elementary Teacher Survey*; the *Health Educator Survey*; the *Review Form for Curricular Documents*; the *Classroom Observation Checklist*; and the *Teacher and Student Focus Group Discussions.*

Accuracy of Instructional Materials (Document Review)

Four HIV/AIDS curriculum documents developed by the New York City Central Board of Education were reviewed for compliance with all requirements of Commissioner's Regulations by expert staff in the State Education Department's Bureau of School Health Education and Services. These documents are as follows:

- *New York City HIV/AIDS Curriculum for Grades K-6 (1992);*
- *Draft of New York City HIV/AIDS Curriculum, Grades K-6 (1989);*
- *New York City HIV/AIDS Supplement for Grades 7-12: Family Living Including Sex Education; and*
- *Growing Healthy K-6: AIDS Infusion Lessons.*

As a result of these reviews, all four curriculum documents above were determined to be in compliance with the requirement to provide accurate information regarding the nature of the disease, methods of transmission, and methods of prevention.

Three of these documents were also determined to be in compliance with the requirement that abstinence be emphasized as the primary method of prevention of HIV/AIDS. This requirement was satisfied because abstinence was emphasized more as compared to other prevention methods. The *New York City HIV/AIDS Supplement for Grades 7-12: Family Living Including Sex Education*, however, was determined to be out of compliance because it failed to appropriately stress abstinence. (New York City is in the process of developing a new secondary curriculum to replace this document.)

HIV/AIDS curriculum documents locally developed by community school districts, as well as other curriculum materials and resources used by schools in the sample, were also examined. Ten Department reviewers evaluated HIV/AIDS curriculum documents developed by four Community School Districts. These curriculum documents all contained information about the nature of the disease, its transmission, and methods of prevention. In terms of accuracy, seven of the ten reviewers reported that these materials provided accurate information about the nature of the disease; five indicated that these materials accurately presented methods of transmission; and three rated these materials as accurate in presenting information on methods of prevention.

These four community school district curriculum documents were also reviewed to determine if abstinence was addressed and emphasized as the most effective method of prevention. Four of the ten reviewers indicated that the district curriculum they reviewed presented information about abstinence; two of these four noted that the information reviewed emphasized abstinence as the most effective prevention method.

In addition to the community school district-developed curriculum, eleven other curriculum materials and resources were reviewed by two or three reviewers at school sites. Nine of the eleven documents were judged by the reviewers to be accurate in providing information on the nature of the disease and methods of transmission and prevention. Ninety-five other curriculum documents, materials, and resources were evaluated by a single reviewer at a school site to determine their accuracy in presenting information on the three major HIV/AIDS content areas. Approximately 82 percent of these materials were judged to present accurate information on the nature of the disease; 76.8 percent of the materials were determined to be accurate in presenting information on methods of transmission; and 68.4 percent of the materials were rated accurate on methods of prevention.

Accuracy of Instruction (Classroom Observations)

A total of 112 observations of actual HIV/AIDS classroom instruction were conducted in the 102 sample schools. Of these observations, almost equal numbers were conducted across the three main instructional content areas: the nature of HIV/AIDS, the methods of transmitting the disease, and the methods of preventing it. The results of the review of HIV/AIDS lessons indicate that the content is accurately presented in greater than 80 percent of the sample classrooms.

Table 2.1 indicates the percentage of K - 12 classroom instruction which was rated as *accurate on the nature of HIV/AIDS* by trained observers. Of the three content areas related to the nature of HIV/AIDS, symptoms of HIV/AIDS was the only one to fall below the established compliance standard of 85 percent for accuracy.

Table 2.1 Percent of All Classroom Instruction Rated as Accurate on the *Nature of HIV/AIDS* (K-12)

Content Areas	Accurate
	Percent
Cause of HIV/AIDS	90.0
Impact of HIV/AIDS on Body	87.8
Symptoms of HIV/AIDS	83.9

Table 2.2 below indicates the percentage of all classroom instruction which was rated as *accurate on the methods of transmission* by trained observers. All five topics related to transmission were rated to be accurate based on the 85 percent compliance standard for accuracy.

Table 2.2 Percent of All Classroom Instruction Rated as Accurate on *Methods of HIV/AIDS Transmission* (K-12)

Content Areas	Accurate
	Percent
Transfusion of Infected Blood or Blood Product	94.0
Sharing Needles	93.5
Injecting Drugs	93.2
Mother to Child Transmission	90.3
Sexual Intercourse	87.5

A similar percentage of all classroom instruction was rated as *accurate on the methods of prevention* by trained observers as displayed in Table 2.3. The topics of self-respect and decision-making skills were the two topic areas in prevention that observers rated below the 85 percent standard for accuracy.

Table 2.3 Percent of All Classroom Instruction Rated as Accurate on *Methods of HIV/AIDS Prevention* (K-12)

Content Areas	Accurate
	Percent
Proper Condom Use	100.0
Abstinence from Drugs and Alcohol	96.7
Delaying of Sexual Intercourse	92.6
Risks and Consequences of Condom Failure	87.5
Abstinence from Sexual Intercourse	87.5
Assertive Communication Skills/Refusal Skills	86.4
Effectiveness of Condoms	85.7
Universal Precautions	85.2
Self-respect	84.0
Decision-making Skills	81.6

Observers were asked to indicate whether lessons on prevention *stressed abstinence* as the primary method of HIV/AIDS prevention, as required by Commissioner's Regulations. Thirty-seven of the 112 HIV/AIDS lessons observed by reviewers focused on HIV/AIDS prevention. One hundred percent of the prevention lessons observed at the middle school and secondary levels appropriately stressed abstinence by referencing this prevention method during the class more frequently than other methods. Although abstinence was stressed in 45.5 percent of the elementary lessons observed, it should be noted that the teaching of sexual abstinence as a prevention method is subject to age-appropriateness, and therefore, is not a major focus of the HIV/AIDS elementary instructional program.

Teacher and Student Focus Group Discussions

In addition to classroom observations, 15 teacher and five student focus group discussions were conducted to gather information concerning the requirement to present HIV/AIDS information accurately, as well as other requirements of Commissioner's Regulations. In both teacher and student groups, participants were asked to discuss their experiences in acquiring information or teaching about the nature of the disease, the methods of transmission, the methods of prevention, and other HIV/AIDS issues.

Thirty (30) percent of teacher comments focused upon issues concerning accuracy of content provided during HIV/AIDS instruction. Sixty-two (62) percent of these comments generally corroborated the results of the classroom observations which indicated that information concerning the major content areas of HIV/AIDS instruction is presented accurately. The remaining teacher comments were neutral or not related to areas of information covered in this review.

Abstinence and the requirement to emphasize it as the most effective method of prevention were also discussed in the teacher groups. Participants indicated that they did emphasize abstinence as the most effective prevention method. One teacher shared an approach used for encouraging students to abstain related to developing respect for one's self:

> *"I say to my students, 'Never let anybody pressure you into doing something. Like yourself more than the other person because that will make you stop and think. If you like them more than yourself, you're not going to stop and think. When you don't stop and think, that's when you get hurt.'"*

In the student discussions, 47 percent of comments addressed issues related to HIV/AIDS instruction; 72 percent of these comments corroborated the results of the classroom observations, i.e., that information was being presented accurately on the major topics of HIV/AIDS instruction. As in the teacher focus groups, the remaining 53 percent of student comments were unrelated to the charge of this review. One student remarked on the overall tone of HIV/AIDS prevention in his building:

> *"My principal is very much an abstinence proponent. Every time there is a meeting he reminds everyone that the focus of our program is abstinence. He reminds us that we need to stress abstinence more."*

Summary of Findings

To review, Commissioner's Regulations for school health education programs require that students in elementary, middle, and secondary schools be provided accurate information regarding the nature of HIV/AIDS, the methods of transmitting the disease, and the ways of preventing it. Moreover, abstinence must be stressed as the most effective method of prevention of HIV/AIDS.

Of the four HIV/AIDS curricular documents developed by the New York City Central Board of Education and widely used by public schools in New York City, three were determined to be in compliance with the requirement to present information accurately, including stressing abstinence as the most effective prevention method. The fourth document, the *New York City HIV/AIDS Supplement for Grades 7-12: Family Living Including Sex Education*, while judged accurate in content related to the nature of HIV/AIDS and methods of transmission, failed to comply with the requirement to emphasize abstinence. Given the fact that health educators reported that this document was the one they most frequently used for grades 7-12 HIV/AIDS instruction, the failure of this document to address abstinence as the most effective method of HIV prevention is problematic. However, the New York City Board of Education is in the process of developing a new, secondary HIV/AIDS curriculum.

School-site reviewers generally rated other curriculum documents, materials, and resources locally-developed by community school districts lower in accuracy than the documents developed by the Central Board of Education. This finding suggests that community school districts need to make more of an effort to assure that information about HIV/AIDS provided in locally-developed curriculum documents and materials is accurate.

Based on the established compliance standard of 85 percent, classroom observers judged the instructional content of HIV/AIDS lessons as accurate, with minor exceptions in presenting information about symptoms of HIV/AIDS (83.9 percent), self-respect (84 percent), and decision making (81.6 percent).

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While Compliance Question One focused on the accuracy of the content of the HIV/AIDS instructional program, Questions Two and Three concern the appropriateness of HIV/AIDS instruction provided to students. The two questions have been combined to report findings on both appropriateness of instruction and instructional materials.

Compliance Questions Two and Three: Is the HIV/AIDS instruction, and are the instructional materials used in the HIV/AIDS instructional program, appropriate for the age and grade level of students?

Questions Two and Three address Commissioner's Regulations requiring that HIV/AIDS content must be provided in an age-appropriate manner and the instructional materials used in the program must, likewise, be age-appropriate. Commissioner's Regulations also require that this instruction be consistent with community values. The requirement that instruction be provided in an age-appropriate manner applies whether such instruction is being provided by school staff or by outside community providers. A final requirement of the regulations is that school districts must establish appropriate procedures for exempting children from the prevention portion of the curriculum. Specifically, children may only be exempted from lessons on prevention and *not from other components* of the HIV/AIDS curriculum.

The data collection instruments and evaluation activities which were employed to address these questions are as follows: *Elementary Classroom Teacher* and *Health Educator surveys*; *Elementary/Middle and High School Principal surveys*; the *Classroom Observation Form*; the *Review Form for Curriculum Documents*; surveys of Community School District Board members, Central Board of Education members, and HIV/AIDS Advisory Council members; and the teacher and student focus group discussions.

Age-Appropriate Instruction

Surveys and Classroom Observations. Nearly ninety percent (89.7) of elementary teachers and 93.6 percent of health educators reported on the survey that they taught HIV/AIDS content in an age-appropriate manner. These findings were corroborated by the results of the classroom observations. Slightly more than 98 percent of elementary lessons, 91.7 percent of middle school lessons, and 100 percent of secondary lessons were rated age-appropriate, exceeding the 85 percent compliance standard established for this aspect as shown in Table 2.4 below.

Table 2.4 Percent of Lessons Judged as Age-Appropriate during Classroom Observations

Grade Levels	Age-Appropriate
	Percent
Elementary	98.3
Middle	91.7
Secondary	100.0
Combined (K-12)	96.2

Age-Appropriate Instructional Materials

Document Review. As noted in the discussion of Question One, four HIV/AIDS curriculum documents developed by the New York City Central Board of Education were reviewed for compliance by expert State Education Department staff. All of these documents were determined to be age-appropriate.

Also, as noted in the discussion of Question One, ten reviewers evaluated HIV/AIDS curriculum documents which had been developed by four community school districts. These materials were reviewed at each school to determine whether the information presented was age-appropriate. These curricula were rated by nine of the 10 reviewers to be age-appropriate.

Eleven HIV/AIDS curriculum resources were presented and evaluated by two or more reviewers. Nine of these 11 resources were rated by these reviewers as age-appropriate. Another 95 items of HIV/AIDS curriculum materials were presented and evaluated by a single reviewer. Ninety-four (94) percent of the reviewers rated these materials as age-appropriate.

Principal Surveys. All principals of the sample schools were asked to indicate how they ensure that the HIV/AIDS instruction taught in their schools is age-appropriate. The most frequent methods employed by these principals are as follows in order of priority:

1. review curriculum materials;
2. observe instruction; and
3. provide instructional staff with training on age-appropriate instruction.

High school principals also reported that they supervised HIV/AIDS Coordinators to ensure that age-appropriate instruction was provided to students.

Teacher and Student Focus Group Discussions. The requirement to provide age-appropriate instruction was a major area of discussion in the 15 teacher and the five student focus groups. Approximately one-half of the comments in the teacher groups and one-quarter of the comments in the student groups addressed this issue. In general, these comments corroborate the results of the document review process and the classroom observations, i.e., that HIV/AIDS is provided in an age-appropriate manner. The participants in the teacher focus group discussions indicated that they fully appreciated the need to selectively structure the information presented based upon the grade level and age of the students taught, as evidenced in the following example:

> *"At my level (Kindergarten) I only teach about blood. I do not talk about condoms or intercourse or drugs as far as sharing needles is concerned."*

Additional Compliance Issues

Community Values. Two additional requirements in Commissioner's Regulations and a related concern deal with the appropriateness of the HIV/AIDS instruction provided to students. The first requirement is that HIV/AIDS instruction provided to students must be consistent with community values. The results of the surveys completed by Community School District Board members and Community School District Advisory Council members provided information for determining whether the New York City Public Schools are complying with this requirement.

Seventy-six and a half (76.5) percent of 68 Board Members and 80.4 percent of 317 Advisory Council members responding to the survey indicated that, in their judgement, the HIV/AIDS instruction program in their districts was consistent with community values. Since the compliance standard for this requirement was established at over 50 percent for members of Boards of Education and HIV/AIDS Advisory Council members, these results satisfy the requirement.

Exemptions from HIV/AIDS Instruction. The second requirement is that school districts must implement appropriate procedures for exempting children from the prevention portion of the curriculum. This requirement, outlined in Commissioner's Regulations, states that a child can only be exempted from the prevention portion of the HIV/AIDS curriculum. A parent or legal guardian wishing to exempt his or her child must file a written request with the building principal and assure in that request that the exempted child will be provided this instruction at home.

Principals were surveyed to gather information related to this requirement. They were first asked to indicate if there were procedures in place in their schools to exempt children from instruction concerning HIV/AIDS methods of prevention. Sixty-nine (69) elementary/middle school principals indicated there were procedures; 13 principals indicated there were no procedures in place. Eight (8) elementary/middle school principals did not respond to this question and, therefore, it is not known if procedures regarding exemption from prevention lessons exist at these schools. All 12 high school principals involved in the study indicated that exemption procedures were in place in their schools.

Principals who indicated that exemption procedures were in place were also asked if parents had been informed of these procedures. Of the 69 elementary/middle school principals who indicated they had exemption procedures, 64 reported they had informed parents and two indicated they had not done so. Three principals did not respond to this question. All of the 12 high school principals reported that they had informed parents about exemption procedures.

Thirty-seven elementary/middle school principals indicated that a written request for exemption from a parent or legal guardian was on file; two principals reported that requests were not on file, although exemptions had been granted. Four high school principals indicated they had written requests on file; four indicated they did not have written requests for exempted students; and the remaining four principals did not respond to this survey question.

Fifty-nine elementary/middle school principals (86.8 percent) and all 12 high school principals (100 percent) reported that students were not exempted from portions of the HIV/AIDS instruction other than HIV/AIDS prevention. Nine (13.2 percent) of the elementary/middle school principals indicated that students were exempted from other portions of the HIV/AIDS instruction.

Of the 37 elementary/middle school principals who indicated that they did have written requests on file, 24 principals reported that each request provided assurance that the student would receive instruction at home; eight principals indicated the requests did not provide this assurance. All of the four high school principals who reported they had requests indicated that these requests included the necessary assurance regarding instruction at home.

Instruction From Community-Based Organizations. This compliance related issue addresses the appropriateness of instruction provided by community-based organizations. Specifically, if personnel from community-based organizations are providing HIV/AIDS instruction, it must be provided in an age-appropriate manner. Information reported by elementary/middle and high school principals addresses this requirement.

Seven of the 87 elementary/middle school principals and three of the 12 high school principals indicated that representatives from community-based organizations provided HIV/AIDS instruction in their buildings. The principals reported that they used a variety of methods to ensure that all HIV/AIDS instruction provided by these individuals was appropriate for the age and grade level of students. These methods in order of priority are: 1) reviewing curriculum with outside presenters; 2) supervising the health - HIV/AIDS coordinator; and 3) observing instruction.

Summary of Findings

In summary, the results regarding the age-appropriateness of instruction and curriculum documents and materials indicate compliance with this requirement. Virtually all classroom observers judged all lessons age-appropriate. Elementary teachers and health educators reported that their HIV/AIDS instruction is age-appropriate. Central Board of Education curriculum documents were judged age-appropriate.

Findings also indicated that instruction is consistent with community values at the compliance standard established for this study, including instruction provided by community-based organizations.

One issue was raised regarding exemption from instruction. While a majority of buildings are complying with procedures to properly exempt students from the prevention component of HIV/AIDS instruction, a few schools are not.

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Findings on the fourth major requirement of Commissioner's Regulations concerning the certification of secondary teachers providing HIV/AIDS instruction is addressed in Compliance Question Four.

Compliance Question Four: Are the instructional personnel at the secondary level holders of a certificate to teach health education?

Question Four addresses Commissioner's Regulations that the individuals teaching the HIV/AIDS component of the overall health education program at the secondary level must be holders of a New York State certificate in health education. In addition to the requirement that health be taught at the secondary level by certified health educators, this study question sought to determine if secondary schools have a designated health coordinator as described in the regulations.

The data collection instruments used to address this requirement are the *Elementary/Middle School and High School Building Principal Surveys*, the *Classroom Observation Form*, and the *Health Educator Survey.*

Certification. Ten of the 12 high school principals participating in the study reported that health educators were primarily responsible for providing HIV/AIDS instruction. Observations of HIV/AIDS high school classes corroborated these findings. Ten of the 12 HIV/AIDS high school classes observed were taught by health educators. Data entry errors for this question on the *Elementary/Middle School Principal Survey* render analysis undependable so no data are provided for middle school buildings.

Health educators were surveyed about their current level of certification. Eighty-five of the 133 or 63.9 percent of the teachers providing HIV/AIDS instruction at the secondary level in the study sample are certified in health education (refer to Table 2.5). Seventy-four or 91.4 percent of those teachers certified as health educators are permanently certified.

Table 2.5 Level of Certification Held by Health Educators

Are you Certified to Teach Health Education?

Yes		No		Total	
Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
85	63.9	48	36.1	133	100.0

If Yes, Type of Certification?

Provisional		Permanent		Total	
Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
7	8.6	74	91.4	81*	100.0

* 4 teachers certified in health education did not respond to this question.

Health Coordinator. High school principals were surveyed to determine if they had designated a health coordinator. All of the 12 high school principals in the study reported that they had designated a health coordinator. Elementary and middle school building principals were also asked if they had a person designated to coordinate health programming. Of 85 principals reporting, 72 reported having a health coordinator.

Each of the 32 community school districts and the High School Division has a designated health coordinator which satisfies the requirement in the Commissioners Regulations. Building level health coordinators ensure the coordination of health instruction, including HIV/AIDS.

Summary of Findings

Thirty-six (36) percent of health educators indicated that they were not certified to teach health, which raises a compliance issue given the requirement in Commissioner's Regulations and the need for qualified persons to be providing HIV/AIDS instruction.

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In addition to issues of certification, Commissioner's Regulations require that teachers providing HIV/AIDS instruction should receive appropriate training. Teacher training is addressed in Compliance Question Five.

Compliance Question Five: Are personnel who provide HIV/AIDS instruction receiving appropriate training?

Question Five addresses the requirement in Commissioner's Regulations that teachers who provide HIV/AIDS instruction must be adequately trained to do so. Teacher survey data were primarily used to answer this study question. Information from the teacher focus group discussions and Board of Education policy document reviews supported the findings of the teacher surveys.

Surveys

One thousand two hundred forty-five (1,245) elementary teachers and 119 health educators indicated on the survey that they provided HIV/AIDS instruction during the 1992-93 school year. Seventy-one and one-half (71.5) percent of the elementary teachers and 95.2 percent of health educators reported that they had received training in HIV/AIDS.

The elementary teachers and health educators who received training were asked to identify the specific HIV/AIDS content areas in which they received training. In general, the topics covered were comprehensive and met the requirements of Commissioner's Regulations.

Elementary Classroom Surveys. Teachers were asked to indicate how well their training prepared them to teach the major topics of the HIV/AIDS instructional program. A majority of ***elementary teachers*** felt somewhat or very well-prepared to teach the central topics of the HIV/AIDS curriculum, i.e., the nature of HIV/AIDS, methods of transmission, and methods of prevention. A smaller proportion of elementary teachers did not feel well-prepared or did not receive training to teach the topics of abstinence (37 percent), condom effectiveness (44 percent), and the risks and consequences of condom failure (49 percent). The topics about condoms, not emphasized at the elementary level, may be considered inappropriate for these ages; however, the topic of abstinence may be appropriate. The data provided in Table 2.6 below illustrate that, although elementary teachers report being very well (column 1) or somewhat prepared (column 2) to provide HIV/AIDS instruction above the 80 percent* standard established for this question, the 61 percent rating indicates a need to look at training related to abstinence.

*Note: Columns "very well prepared" and "somewhat prepared" are added together to determine the percent.

Table 2.6 Preparation for *Elementary Teachers* Who Provided HIV/AIDS Instruction During the 1992-93 School Year

How Prepared Are You to Teach HIV/AIDS as a Result of Your Training?				
Content Areas	**Very Well-Prepared**	**Somewhat Prepared**	**Not Well-Prepared**	**No Training in this Area**
	Percent	Percent	Percent	Percent
Age-Appropriate Instruction	48.5	40.4	8.0	1.2
Methods of Prevention	46.4	37.6	6.1	9.9
Methods of HIV Transmission	45.7	39.2	6.6	8.5
Nature of HIV/AIDS	43.9	43.0	6.7	6.3
Emphasize Abstinence	36.3	24.7	6.6	30.6
Effectiveness of Condoms	26.3	29.7	12.5	31.6
Risks/Consequences of Condom Failure	23.8	26.9	14.6	34.7

Health Educator Survey. In general, ***health educators*** felt somewhat prepared or very well-prepared to teach the majority of HIV/AIDS topics. A slightly smaller percentage of health educators felt similarly prepared to teach the topics of condom effectiveness and the risks and consequences of condom failure. Table 2.7 shows that all health educators felt somewhat or very-well prepared to provide HIV/AIDS instruction at the 90 percent criterion level established for this question.

Table 2.7. Preparation for *Health Educators*
Who Provided HIV/AIDS Instruction
During the 1992-93 School Year

How Prepared Are You to Teach HIV/AIDS as a Result of Your Training?

Content Areas	**Very Well-Prepared**	**Somewhat Prepared**	**Not Well-Prepared**	**No Training in this Area**
	Percent	Percent	Percent	Percent
Methods of HIV Transmission	83.3	16.7	0.0	0.0
Methods of Prevention	78.7	19.2	2.1	0.0
Emphasize Abstinence	77.1	16.7	4.2	2.0
Nature of HIV/AIDS	73.0	27.0	0.0	0.0
Effectiveness of Condoms	68.1	25.5	2.1	2.3
Age-Appropriate Instruction	63.8	36.2	0.0	0.0
Risks/Consequences of Condom Failure	59.6	31.8	4.3	4.3

Teacher Focus Group Discussions. Teacher focus group discussions also provided information on the training of teachers. Nine (9) percent of the teacher comments in the discussions addressed the issue of appropriate training. Fifty-two (52) percent of these comments support the results of the teacher surveys that a majority of teachers felt prepared to teach most of the major HIV/AIDS topics as a result of training. One participant emphasized that training is critical to ensure that effective HIV/AIDS instruction is provided to students:

> *"Teachers need more skills. They can't just hand out lessons from a book. If the teacher is not skilled in answering questions, it is a waste. If you want something to work, you have to invest in it; train people; and get people who are committed. No matter what your discipline, you are the resource for those kids. Once you open up the topic of AIDS, if your information is faulty or not up to date, or if you are uncomfortable with the topic or unfamiliar, you defeat the purpose and hurt the kids."*

Another teacher elaborated on the content of training:

> *"We went through three levels of training with the Board of Education. We had an intensified training program. We got lessons on the basics of HIV/AIDS, AIDS 101, 102, 103, the whole bit!"*

Document Reviews. Additional evidence of training was obtained through Central and Community School Districts Boards of Education policy document reviews. A variety of policy documents were evaluated to determine if the Boards provided for appropriate training of staff. These policy documents were reviewed for 11 of 32 community school districts as well as for the Central Board of Education. All community school district policy documents and all Central Board policy documents reviewed indicated that training was provided.

Summary of Findings

To review, the regulations require appropriate training for teachers who provide HIV/AIDS instruction. The findings indicate that most teachers have received training and that this training has somewhat prepared or very-well prepared them to teach HIV/AIDS content. However, there is need to further examine appropriate training needs in the area of abstinence for elementary teachers. The findings also indicate that approximately 29 percent of elementary teachers and four percent of health educators are providing HIV/AIDS instruction without benefit of training. It is important that *all teachers* providing HIV/AIDS instruction receive appropriate training.

Some topics are of such a critical nature for the level of students taught that training must prepare teachers to address these topics at a high level of competence. While a majority of health educators felt adequately prepared in most topic areas, they need to be well-prepared across all topics, particularly those related to effectiveness of condoms and the risks and consequences of condom failure. Due to the age of the secondary students who are most at risk and vulnerable to contracting the HIV virus, all health educators must receive thorough training on these topics.

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Compliance Question Six examines the roles of the Community School District Boards of Education and the HIV/AIDS Advisory Councils in planning and implementing the HIV/AIDS program.

Compliance Question Six: Are Boards of Education and HIV/AIDS Advisory Councils active in determining the content of the HIV/AIDS curriculum, approving its implementation and evaluating the instructional program?

Question Six addresses the component of Commissioner's Regulations requiring the active involvement of Boards of Education and HIV/AIDS Advisory Councils in implementing the HIV/AIDS instructional program. In addition, the regulations require that the HIV/AIDS Advisory Councils include specific representatives from the school and community.

The instruments and evaluation activities used to answer this question included the Community School District Boards of Education and HIV/AIDS Advisory Councils surveys, Boards of Education policy document reviews, and lists of HIV/AIDS Advisory Council members which were provided by the Boards of Education. As previously noted, no surveys were returned from Central Board of Education members. Furthermore, Central Board policy documents submitted for review were not applicable to this study question.

Surveys. Each of the HIV/AIDS Advisory Council and Board of Education members was asked to indicate their involvement in making recommendations to their Central or Community School District Boards concerning the content, implementation, and evaluation of the HIV/AIDS instructional program. As seen in Table 2.8, approximately 94 percent of Advisory Council members and 75 percent of Board members report that they made recommendations about the content of the HIV/AIDS program in their districts. A smaller percentage of Advisory Council and Board members indicated making recommendations on the implementation and evaluation of the program. The majority of these results fall below the established compliance standard of 80 percent for this question.

Table 2.8 Involvement of Community School District HIV/AIDS Advisory Council Members in the Development of the HIV/AIDS Instructional Program

Made Recommendations About the Following:	Advisory Council	Board of Education
	Percent	Percent
Content of Program	93.7	75.0
Implementation of Program	89.6	70.6
Evaluation of Program	77.0	63.2

Document Review. A review of the policy documents submitted by 11 of the 32 community school districts confirmed that Board members are involved in determining the content, implementation, and evaluation of the HIV/AIDS instructional program; however, the level of that involvement needs to be increased, based on the results illustrated in Table 2.8.

Commissioner's Regulations require that membership on AIDS Advisory Councils must include parents, school board members, appropriate school personnel, and representatives from the community, including religious organizations. The membership rosters of the HIV/AIDS Advisory Councils for each of the 32 community school districts were reviewed by Department staff to determine if the membership requirement has been met. Twenty-one of 32 Community School District Advisory Councils, or 66 percent, have the required representation. A compliance standard of 100 percent for HIV/AIDS Advisory Council membership was established for this question.

Health coordinators in each of the 11 community school districts whose councils lack the required representation indicated that members had resigned and that they were in the process of recruiting members to complete the required representation. The type of affiliation most often missing was a representative of a religious organization. Community school district health coordinators indicated that the districts had difficulty getting religious representatives to serve on their Councils.

Summary of Findings

In review, Boards of Education and HIV/AIDS Advisory Councils must be active in implementing the HIV/AIDS instructional program. Based on a review of the findings, a majority of Advisory Council members and Board of Education members report that they were involved in the content and implementation, and evaluation of the HIV/AIDS instructional program. Based on the compliance standard established for this question, the level of involvement for Board of Education members needs improvement in all areas and advisory council members need more active participation in evaluation of the HIV/AIDS program.

In addition, the majority of HIV/AIDS Advisory Councils have the required representation of council membership. Those Councils which do not are in the process of recruiting the appropriate members. Some Councils are unable to include representatives of religious organizations because organizations have declined to participate.

……

The final question concerns the extent to which the condom availability program is in compliance with Commissioner's Regulations.

Compliance Question Seven: Has the Central Board of Education established procedures to assure that condom availability programs at the high school level comply with all requirements in the Commissioner's Regulations?

The final compliance question concerns the extent to which the New York City Central Board of Education has established procedures for ensuring that the condom availability programs at the high school level comply with Commissioner's Regulations. The regulations require that the condom availability policy must be submitted to the New York City Central Board of Education's HIV/AIDS Advisory Council for consideration and that the training program be approved by the Commissioner prior to the initiation of the program.

The instruments used to gather information related to these requirements are the *High School Building Principal Survey*, a review of the HIV/AIDS Instructional Program Plan for each high school, the New York City Central Board of Education's Advisory Council survey, and information from the teacher and student focus group discussions. The Central Board of Education member survey was not returned; therefore, this source of information on this question is not available.

Surveys. High school principals participating in the study were asked a series of questions to obtain information regarding this compliance issue. All principals reported that the HIV/AIDS program at their schools includes a condom availability program. In addition, all principals indicated that condoms are available only to students participating in the HIV/AIDS program. Students who receive condoms are provided with accurate and complete health guidance related to the risks resulting from the use or misuse of condoms. Finally, the principals report that the health personnel who provide guidance received their training from competent health professionals.

Document Review. Specifically trained Department and regional staff evaluated instructional plans for each high school to obtain information pertaining to the condom availability program. In some cases, interviews were conducted with either the Building Principal, the Health or HIV/AIDS Coordinator, or the HIV/AIDS team leader to solicit the needed information. Based on these reviews or interviews, all high schools were complying with the requirements concerning the condom availability program, which corroborates the results of the principals survey. Table 2.9 presents the results of the review/interview process.

Table 2.9 Questions Regarding the Condom Availability Program Used for Review of Instructional Plans and Staff Interviews

Questions	Percent Responding Yes
Are Condoms Available Only to Students in Program?	100.0
Are Students Receiving Condoms Given Accurate/Complete Health Guidance About Risks of Condom Use/Misuse?	100.0
If Students Are Given Health Guidance as to Risk of Disease from Use/Misuse of Condoms, Is This Information Accurate?	100.0
Is This Information Complete?	100.0
Is This Information Age-Appropriate?	100.0
Is Personal Health Guidance Provided by Health Service Personnel Who Are Trained/Supervised by Competent Health Professionals?	100.0

Focus Group Discussions. Teacher and student focus group discussions were used to collect additional information. Seven percent of teacher comments and 16 percent of student comments from the group interviews dealt with the condom availability program. Roughly one-half of both groups' comments confirmed the findings from the principal surveys, i.e., that the condom availability program is in compliance with Commissioner's Regulations. Furthermore, there were no comments indicating non-compliance; other comments were illustrative of the specific aspects of the program. For example, health guidance must be provided to students who are given condoms. One teacher participant who received training for providing health guidance reflects on the positive benefits of this aspect of the program:

> *"A lot of students in the program come and talk to me. They know the consequences of pregnancy. One girl came in for the booklet, 'How to Use a Condom.' This is a positive sign. I have a lot of regard for her. I wish all kids would come."*

The impact of the condom availability program was described in the following student comment:

> *"Having condoms available doesn't mean that kids are more likely to have sex -- they're available, not distributed. They know that teenagers do stupid things; we*

> *think we're immortal. We think we're invincible. It's not like they're giving us condoms to help us go out and have sex. They're not trying to encourage us to have sex. They're trying to keep us safe."*

An additional requirement is that the condom availability policy must be submitted to the Central Board of Education's HIV/AIDS Advisory Council for consideration. Central Board of Education Advisory Council members were surveyed to determine they had reviewed the condom availability policy. The number of responses received for this survey was low - only 47.8 percent of the surveys were returned. Of the 11 surveys returned, five Advisory Council members indicated that they reviewed the condom availability policy and six noted they did not review the policy. This result raises a question regarding Advisory Council members involvement in the policy review.

Training Plan. Commissioner's Regulations require that the training plan for all staff who are to be involved in the implementation of a condom availability program must be approved by the Commissioner. The Chancellor of the New York City Public Schools submitted an initial training plan for the condom availability program to the Commissioner on November 7, 1991. It was reviewed by program staff to determine its adequacy. Required revisions were communicated to the Chancellor on December 16, 1991. A revised plan was received on January 15, 1992, reviewed, recommended, and approved on January 16, 1992 by the Commissioner. The condom availability program was initiated in late spring, 1992, following the completion of the training program for school-based staff in the schools which were selected for the initial round of implementation.

Summary of Findings

Commissioner's Regulations require that the Central Board of Education establish procedures to ensure that the condom availability program at the high school level is in compliance. Based on the survey results and the individual reviews of instructional plans, all sample high schools have established condom availability programs which comply with the regulations.

CONCLUSIONS AND RECOMMENDATIONS

The New York State Education Department's Compliance Review of the HIV/AIDS instructional program offered in the New York City Public Schools was conducted to determine the extent of compliance with Commissioner's Regulations. The design of the Compliance Review provided for gathering data on the HIV/AIDS instructional program and for examining Citywide administrative policies and procedures that govern its operation. The sample of schools visited and the data gathering techniques implemented established a sound basis from which judgements can be made regarding the results of the review and the conclusions and recommendations contained in this section.

Elements of the New York City Board of Education HIV/AIDS Instructional Plan Determined in Compliance with Commissioner's Regulations

A number of elements of the Board of Education's HIV/AIDS instructional programs were found in compliance with Commissioner's Regulations and are described below.

Accurate and Age-appropriate Information, Effective Teaching, and Well-trained Staff. The key elements of the regulations are the provision of accurate information taught in an age-appropriate manner by teachers who are appropriately trained.

The heart of any educational program is the content of the curriculum and the ability of teachers to convey the information, attitudes, and skills effectively. These are particularly challenging tasks in the area of HIV/AIDS education given the dynamic nature of this disease. Our knowledge of how it affects the immune system, how it is transmitted, and how it can be prevented is changing, even at this moment.

Based upon the findings and the standards established for determining compliance, it was found that the HIV/AIDS instructional program in the New York City Public Schools is generally providing accurate information in an age-appropriate fashion. All classroom observations across all levels of instruction were judged accurate by 85 percent or more of observers on most instructional content areas with minor exceptions in presenting information about symptoms of HIV/AIDS (83.9 percent), self-respect (84 percent), and decision making (81.6 percent).

All of the New York City Board of Education curricular documents for HIV/AIDS, which are used Citywide, were determined to be in compliance with both the requirement of accuracy of information and age-appropriateness for the grade and age level of the students. One of these documents, however, the *New York City HIV/AIDS Supplement for Grades 7-12: Family Living Including Sex Education*, failed to stress abstinence as the most effective method of prevention. In addition, a majority of reviewers who evaluated curricular documents, ranging from those developed by community school districts to those commercially published, rated most of these documents as accurate and age-appropriate.

Board of Education and HIV/AIDS Advisory Council Policies. The regulations require that HIV/AIDS instruction be consistent with community values and that boards of education and HIV/AIDS advisory councils are actively involved in the development, implementation, and evaluation of the program.

Of those responding, a majority of boards of education and their HIV/AIDS advisory councils members reported being actively involved in developing and implementing the instructional program. In addition, these two groups as well as teachers indicated that the HIV/AIDS instructional program including instruction provided by community-based organizations is consistent with the values of the community.

Condom Availability Program. All high school principals reported that the procedures used in the condom availability program are consistent with Commissioner's Regulations. Students who participate in the program receive an appraisal of the risks and consequences of condom use and staff providing guidance are adequately trained and supervised. A review of all high school instructional plans, including condom availability, and the review of training documents from the Central Board of Education corroborated this finding.

Elements of the New York City Board of Education HIV/AIDS Instructional Program Not in Compliance

Although a number of the requirements pertaining to HIV/AIDS instruction are being met as determined by the review findings, there are seven findings which raise compliance issues about the New York City Board of Education's HIV/AIDS instructional program.

1. *The New York City HIV/AIDS Supplement For Grades 7-12: Family Living Including Sex Education* did not comply with the requirement that the portion of the curriculum which focuses on methods of prevention stress abstinence as the most effective method. Health educators indicated that this curriculum is one of the most widely used in the program. However, a review of the prevention component of this curriculum showed that abstinence was not emphasized as the most effective method of prevention. Emphasizing abstinence at the secondary level is particularly critical because it is the only 100 percent effective method. It should be noted, however, that New York City school district staff members indicated that they are already addressing these issues through the development of a new secondary HIV/AIDS curriculum.

2. Some curriculum documents, locally-developed in community school districts, were found to be inadequate in presenting accurate information on the methods of HIV/AIDS transmission and prevention. While a majority of reviewers (70 percent) agreed that HIV/AIDS curricular documents developed by community school districts accurately presented information on the nature of the disease, only one-half or less of the reviewers judged the documents to be accurate in presenting information on the methods of transmission and prevention. Technical assistance should be provided to community school districts to improve the accuracy of content concerning methods of transmission and prevention in their curricular documents.

3. Thirteen (13) percent of building principals in the study reported that students had been improperly exempted from HIV/AIDS instruction. Although a majority of elementary/middle school principals (86.8 percent) indicated they followed proper exemption procedures regarding students excused from the prevention portion of the curriculum, there was a small percent of principals (13.2 percent) who reported that students were improperly exempted from other portions of the curriculum.

4. Over 35 percent of the educators who were identified as secondary health educators by the district and who were surveyed at the secondary level reported that they were not certified to teach health. The regulations call for all secondary teachers of health, including HIV/AIDS, to be certified in New York State as health educators. Certification of teachers in the New York City Public Schools is a dilemma for other subject areas as well. Currently, the City Board of Education has shortages in elementary education, special education, bilingual education, and teachers of English as a second language, to name some.

5. Twenty-eight (28) percent of the elementary classroom teachers that provided HIV/AIDS instruction in 1992-93 and completed a survey had not received training to provide such instruction. While a substantial majority of teachers indicated that they had received training, 28 percent of elementary teachers and five percent of health educators did not receive training. Training must be provided to every teacher who is charged with the responsibility of teaching HIV/AIDS. Such training ensures that information is accurate, age-appropriate in content and in instructional delivery, and competently taught.

6. Approximately 30 percent of elementary classroom teachers who had received training and responded to the survey reported that either they did not feel well-prepared to teach certain content areas in HIV/AIDS or they had not received training in particular content areas. The effectiveness of the training provided to health educators on specific topic areas, particularly the use of condoms and the risks and consequences of condom failure, are critical. While a majority indicated that they were somewhat to very well-prepared to teach these topics as a result of training, the critical nature of the information which these topics addressed (e.g., condom effectiveness, risks and consequences of condom failure) speaks to the need to have all secondary health educators very well-prepared to teach these areas as a result of training.

7. Although a majority of AIDS Advisory Council members reported appropriate involvement in the program, less than 80 percent indicated so. The level of involvement needs improvement.

RECOMMENDATIONS

The following recommendations are suggested to address the four major compliance issues and to bring the New York City Public Schools HIV/AIDS instructional program into full compliance with Commissioner's Regulations:

1. The New York City Board of Education should complete the new secondary curriculum to replace, *The New York City HIV/AIDS Supplement for Grades 7-12: Family Living Including Sex Education*, and ensure the new document is in compliance with Commissioner's Regulations pertaining to the requirement that the portion of the curriculum which focuses on methods of prevention stresses abstinence as the most effective method. In the interim (between September 1993 and the introduction of a new curriculum), New York City district staff should: a) send a memorandum to all instructional staff and school and district administrators alerting them to the problem; and b) include in the memorandum appropriate revised lessons to stress abstinence.

2. The New York City Board of Education should provide technical assistance to community school districts to improve the accuracy of content concerning HIV/AIDS transmission and prevention in their curriculum documents in a manner consistent with community values.

3. The New York City Board of Education should ensure that all schools adhere to proper exemption procedures for HIV/AIDS instruction.

4. The New York City Board of Education should develop, in consultation with the State Education Department, a long-range plan to increase the number of certified health educators to teach in the New York City Public Schools.

5. All teachers at all levels of education in the New York City Public Schools who are responsible for providing HIV/AIDS instruction should receive training and annual updates to teach HIV/AIDS in an accurate and age-appropriate manner.

6. All training programs should be evaluated in order to address the training needs of those teachers who feel less than well-prepared to teach any of the critical components of the HIV/AIDS instructional program.

7. The New York City Board of Education should review the level of involvement of HIV/AIDS Advisory Council and school board members to determine the need for increasing active participation in the development, implementation and evaluation of HIV/AIDS instructional programs.

8. The State Education Department's Field, Policy, and Central teams should work with the New York City Board of Education and provide technical assistance to address the above compliance issues.

APPENDIX A

COMMISSIONER'S REGULATIONS
SUBCHAPTER G
PART 135
HEALTH, PHYSICAL EDUCATION AND RECREATION

Section 135.1 Definitions.

(j) *Health education* means instruction in understandings, attitudes and behavior in regard to the several dimensions of health. This instruction relates to alcohol, tobacco, and other drugs, safety, mental health, nutrition, dental health, sensory perception, disease prevention and control, environmental and public health, consumer health, first aid, and other health-related areas.

Section 135.3 Health education.

(a) *Provision for health education.* It shall be the duty of the trustees and boards of education to provide a satisfactory program in health education in accordance with the needs of pupils in all grades. This program shall include, but shall not be limited to, instruction concerning the misuse of alcohol, tobacco and other drugs.

(b) *Health education in the elementary schools.*

(1) The elementary school curriculum shall include a sequential health education program for all pupils, grades K-6. In the kindergarten and primary grades, the teacher shall provide for pupil participation in planned activities for developing attitudes, knowledge and behavior that contribute to their own sense of self-worth, respect for their bodies and ability to make constructive decisions regarding their social and emotional, as well as physical, health. Personal health guidance shall also be provided according to the individual needs of pupils. This guidance shall include the development of specific habits necessary to maintain good individual and community health. In addition to continued health guidance, provision shall be made in the school program of grades 4-6 for planned units of teaching which shall include health instruction through which pupils may become increasingly self-reliant in solving their own health problems and those of the group. Health education in the elementary school grades shall be taught by the regular classroom teachers.

(2) All elementary schools shall provide appropriate instruction concerning the acquired immune deficiency syndrome (AIDS) as part of the sequential health education program for all pupils, grades K-6. Such instruction shall be designed to provide accurate information to pupils concerning the nature of the disease, methods of transmission, and methods of prevention; shall stress abstinence as the most appropriate and effective premarital protection against AIDS, and shall be age appropriate and consistent with community values. No pupil shall be required to receive instruction concerning the methods of prevention of AIDS if the parent or legal guardian of such pupil has filed with the principal of the school which the pupil attends a written request that the pupil not participate in such instruction, with an assurance that the pupil will receive such instruction at home. In public schools, such instruction shall be given during an existing class period using existing instructional personnel, and the board of education or trustees shall provide appropriate training and curriculum materials for the instructional staff who provide such instruction and instructional materials to the parents who request such materials. In public schools, the board of education or trustees shall establish an advisory council which shall be responsible for making recommendations concerning the content, implementation, and evaluation of an AIDS instruction program. The advisory council shall consist of parents, school board members, appropriate school personnel, and community

representatives, including representatives from religious organizations. Each board of education or trustees shall determine the content of the curriculum and approve its implementation, and shall be responsible for the evaluation of the district's AIDS instruction program.

(c) *Health education in the secondary schools.*

(1) The secondary school curriculum shall include health education as a constant for all pupils. In addition to continued health guidance in the junior high school grades, provision shall also be made for a separate one-half year course. In addition to continued health guidance in the senior high school, provision shall also be made for an approved one-half unit course. Health education shall be required for all pupils in the junior and senior high school grades and shall be taught by teachers holding a certificate to teach health. A member of each faculty with approved preparation shall be designated as health coordinator, in order that the entire faculty may cooperate in realizing the potential health-teaching values of the school programs. The health coordinator shall insure that related school courses are conducted in a manner supportive of health education, and provide for cooperation with community agencies and use of community resources necessary for achieving a complete school-community health education program.

(2) (i) All secondary schools shall provide appropriate instruction concerning the acquired immune deficiency syndrome (AIDS) as part of required health education courses in grades 7-8 and in grades 9-12. Such instruction shall be designed to provide accurate information to pupils concerning the nature of the disease, methods of transmission, and methods of prevention; shall stress abstinence as the most appropriate and effective premarital protection against AIDS, and shall be age appropriate and consistent with community values. No pupil shall be required to receive instruction concerning the methods of prevention of AIDS if the parent or legal guardian of such pupil has filed with the principal of the school which the pupil attends a written request that the pupil not participate in such instruction, with an assurance that the pupil will receive such instruction at home. In public schools, such instruction shall be given during an existing class period using existing instructional personnel, and the board of education or trustees shall provide appropriate training and curriculum materials for the instructional staff who provide such instruction and instructional materials to the parents who request such materials. In public schools, the board of education or trustees shall establish an advisory council which shall be responsible for making recommendations concerning the content, implementation, and evaluation of an AIDS instruction program. The advisory council shall consist of parents, school board members, appropriate school personnel, and community representatives, including representatives from religious organizations. Each board of education or trustees shall determine the content of the curriculum and approve its implementation, and shall be responsible for the evaluation of the district's AIDS instruction program.

(ii) Boards of education or trustees that make condoms available to students as part of the district's AIDS instruction program shall:

a) submit a condom distribution policy to the advisory council for consideration;

b) make condoms available only to students who participate in an appropriate AIDS instruction program as defined in this section;

c) provide each student receiving condoms with accurate and complete health guidance as to the risks of disease that may result from the student's use or misuse of such product, which appropriately takes into account the child's age;

d) assure that such personal health guidance is provided by health service personnel or school personnel trained and supervised by competent health professionals or health educators; and

e) submit for approval by the commissioner, a plan for the training of health service personnel, as defined in subdivision (c) of section 136.1 of this Part, or school personnel who will provide such personal health guidance. Such plan shall be approved upon a finding of the commissioner that the training is adequate to prepare such personnel or school personnel to provide the required personal health guidance in an effective manner.

REGENTS POLICY STATEMENT ON HIV/AIDS INSTRUCTION

At its July 25, 1991 meeting, the Board of Regents adopted the following explanation of the Commissioners Regulation (8 NYCRR 135.3 (C)(2).

1. The requirement that HIV/AIDS instruction must "stress abstinence as the most appropriate and effective premarital protection against AIDS" means that written and oral instruction on AIDS prevention must devote substantially more time and attention to abstinence than to other means of avoiding HIV infection. It also means that such instruction must always make it clear that no other method of prevention can provide the same 100 percent protection against infection as abstinence can.

2. Among other things, the requirement that HIV/AIDS instruction must "provide accurate information...concerning...methods of prevention" means that any written or oral instruction relating to condoms must fully and clearly disclose the various risks and consequences of condom failure.

APPENDIX B

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

HIV/AIDS COMPLIANCE REVIEW

ELEMENTARY/MIDDLE SCHOOL PRINCIPAL SURVEY

This survey will provide important information for the State Education Department's Compliance Review of HIV/AIDS instruction in the New York City Public Schools. Be assured that your responses will remain confidential. Please respond as honestly and accurately as possible. Thank you.

1. Has or will an HIV/AIDS instructional program be provided to students in your school during the 1992-93 school year?

☐ (1) Yes ☐ (2) No

2. a. Has your school received specific written guidelines from the State, Central Board and/or your Community School District regarding what should be taught about HIV/AIDS?

☐ (1) Yes ☐ (2) No

b. If *Yes*, is a copy on file for reference by school personnel?

☐ (1) Yes ☐ (2) No

3. a. Has this school designated a person to coordinate health programming, including the HIV/AIDS component?

☐ (1) Yes ☐ (2) No

b. If *Yes*, what is the title and position of this individual? ______________________

4. Which of the following materials/resources are available in your school for HIV/AIDS instructional use for the 1992-93 school year? (Check [✓] all that apply)

☐ (a) New York State AIDS Instructional Guide/Grades K-12 (1987)
☐ (b) New York State Supplement to AIDS Instructional Guide/Grades K-12 (Special Education)
☐ (c) New York City HIV/AIDS Curriculum for Grades K-6 (1992): A Supplement to a Comprehensive Health Curriculum
☐ (d) Draft of New York City HIV/AIDS Curriculum/Grades K-6 (1989)
☐ (e) New York City HIV/AIDS Supplement for Grades 7-12: Family Living Including Sex Education
☐ (f) Community school district HIV/AIDS curriculum
☐ (g) Teacher-developed HIV/AIDS materials/resources
☐ (h) Resources developed by the community (specify) ______________________
☐ (i) Other (specify) ______________________

5. a. Are there HIV/AIDS materials/resources available through this school for parents?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

b. If *Yes*, what types of HIV/AIDS materials/resources are available? (Check [✓] all that apply)

☐ (a) Curricular material
☐ (b) Policies/Procedures
☐ (c) Pamphlets/Brochures
☐ (d) Newsletters
☐ (e) Reference books
☐ (f) Audiovisual materials (e.g., videos, cassettes, etc.)
☐ (g) Other (specify) ________________________________

6. Who is primarily responsible for providing HIV/AIDS instruction in the classroom? (Check [✓] **one** only)

☐ (a) Regular classroom teachers
☐ (b) Certified Health Educator
☐ (c) Guidance counselor
☐ (d) School psychologist or social worker
☐ (e) School nurse
☐ (f) Other health specialist (e.g., health coordinator, SAPIS)
☐ (g) Outside organization representative (specify organization) ________________
☐ (h) Other (specify) ________________________________

7. Who else provides HIV/AIDS instruction in your school? (Check [✓] all that apply)

☐ (a) Administrator(s)
☐ (b) Regular classroom teacher(s)
☐ (c) Guidance counselor
☐ (d) School psychologist or social worker
☐ (e) School nurse
☐ (f) Health specialist instructor (e.g., health coordinator, SAPIS)
☐ (g) Outside organization representative (specify organization) ________________
☐ (h) Other (specify) ________________________________

8. a. If an outside resource is used for instruction, is the instructor informed of State, Central Board and/or community school district guidelines for providing HIV/AIDS instruction?

☐ (1) Yes ☐ (2) No ☐ (3) Not applicable: No outside resource is used for instruction

b. If *Yes*, how is the instructor informed? Please explain.

9. a. If an outside resource is used for instruction, is this instruction monitored for compliance with State Education Department Commissioner's Regulations?

☐ (1) Yes ☐ (2) No ☐ (3) Not applicable: No outside resource is used for instruction

b. If *Yes*, how is this instruction monitored? Please explain.

10. a. Is there a procedure in place in your school to allow parents to exempt their children from instruction regarding HIV/AIDS prevention?

☐ (1) Yes ☐ (2) No

b. If *Yes*, have parents been informed of this procedure?

☐ (1) Yes ☐ (2) No

c. If *Yes*, how have parents been informed of this procedure? Please explain.

11. How many students have been exempted since September 1991 from instruction concerning HIV/AIDS prevention? Enter number ______________

12. a. For each student that has been exempted from instruction concerning HIV/AIDS prevention, is there a written request on file from a parent or legal guardian asking that the student not participate in such instruction?

☐ (1) Yes ☐ (2) No

b. If *Yes*, does the written request provide an assurance by the parent or legal guardian that the student will receive such instruction at home?

☐ (1) Yes ☐ (2) No

13. a. Have students been exempted from other portions of HIV/AIDS instruction?

☐ (1) Yes ☐ (2) No

b. If *Yes*, from which other portions of HIV/AIDS instruction have they been exempted? (Check [✓] all that apply)

☐ (a) The portion about the nature of HIV/AIDS
☐ (b) The portion about the methods of HIV transmission
☐ (c) Both a and b
☐ (d) Another portion of the curriculum (specify) ______________________________

14. How do you ensure that the HIV/AIDS instruction that is being provided to students in this school is age-appropriate? (Check [✓] all that apply)

☐ (a) By reviewing the curriculum/lesson plans/materials that are utilized for instruction
☐ (b) By providing instructional staff with training on how to provide age-appropriate instruction
☐ (c) By supervising the Health/HIV/AIDS coordinator in providing for a and b
☐ (d) By observing instruction
☐ (e) No formal process exists
☐ (f) Other (specify) ____

15. How do you ensure that the HIV/AIDS instruction that is being provided to students is delivering accurate information about the nature of the disease, methods of transmission, and methods of prevention? (Check [✓] all that apply)

☐ (a) By reviewing the curriculum/lesson plans/materials that are utilized for instruction
☐ (b) By providing instructional staff with training on how to deliver accurate information
☐ (c) By supervising the Health/HIV/AIDS coordinator in providing for a and b
☐ (d) By observing instruction
☐ (e) No formal process exists
☐ (f) Other (specify) ____

16. a. Has the instructional staff in this school received training to prepare them to provide HIV/AIDS instruction?

☐ (1) Yes ☐ (2) No

b. If *Yes*, what was the content of the training? (Check [✓] all that apply)

	CONTENT AREA	**Check [✓] one**	
		Yes (1)	**No (2)**
a.	age-appropriate HIV/AIDS instruction		
b.	HIV/AIDS instruction that is consistent with community values		
c.	emphasis on abstinence as the only 100% sure method for preventing sexual transmission of HIV		
d.	information about the nature of HIV/AIDS		
e.	information about the methods of HIV transmission		
f.	information about the methods of HIV/AIDS prevention		
g.	information about the effectiveness of condoms as a method of prevention		
h.	information about the risks and consequences of condom failure		

17. a. Have you ever received HIV/AIDS education training?

☐ (1) Yes ☐ (2) No

b. If *Yes*, what was the content of your training? (Check [✓] all that apply)

	CONTENT AREA	**Check [✓] one**	
		Yes (1)	**No (2)**
a.	age-appropriate HIV/AIDS instruction		
b.	HIV/AIDS instruction that is consistent with community values		
c.	emphasis on abstinence as the only 100% sure method for preventing sexual transmission of HIV		
d.	information about the nature of HIV/AIDS		
e.	information about the methods of HIV transmission		
f.	information about the methods of HIV/AIDS prevention		

17. *(Continue)*

CONTENT AREA		Check [✓] one	
		Yes (1)	No (2)
g.	information about the effectiveness of condoms as a method of prevention		
h.	information about the risks and consequences of condom failure		
i.	Central Board policies and procedures related to HIV/AIDS instruction		
j.	Community School District policies and procedures related to HIV/AIDS instruction		
k.	New York State Commissioner of Education's Regulations related to HIV/AIDS instruction		
l.	Other (specify)		

18. a. To the best of your knowledge, is the HIV/AIDS instructional program in your school in compliance with the New York State Commissioner of Education's Regulations?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

b. On what do you base your judgement? Please explain briefly.

Please seal the completed survey in the envelope provided and sign New York City Public Schools across the seal. The State Education Compliance Review Team will collect all surveys from your building on the day of its review.

Thank you for your cooperation.

2/93

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

HIV/AIDS COMPLIANCE REVIEW

HIGH SCHOOL PRINCIPAL SURVEY

This survey will provide important information for the State Education Department's Compliance Review of HIV/AIDS instruction in the New York City Public Schools. Be assured that your responses will remain confidential. Please respond as honestly and accurately as possible. Thank you.

1. Has or will an HIV/AIDS instructional program be provided to students in your school during the 1992-93 school year?

☐ (1) Yes ☐ (2) No

2. a. Has your school received specific written guidelines from the State and/or Central Board regarding what should be taught about HIV/AIDS?

☐ (1) Yes ☐ (2) No

b. If *Yes*, is a copy on file for reference by school personnel?

☐ (1) Yes ☐ (2) No

3. a. Has this school designated a person to coordinate health programming, including the HIV/AIDS component?

☐ (1) Yes ☐ (2) No

b. If *Yes*, what is the title and position of this individual? ______________________________

4. Which of the following materials/resources are available in your school for HIV/AIDS instructional use for the 1992-93 school year? (Check [✓] all that apply)

☐ (a) New York State AIDS Instructional Guide/Grades K-12 (1987)
☐ (b) New York State Supplement to AIDS Instructional Guide/Grades K-12 (Special Education)
☐ (c) New York City HIV/AIDS Supplement for Grades 7-12: Family Living Including Sex Education
☐ (d) Building-specific HIV/AIDS curriculum
☐ (e) Teacher-developed HIV/AIDS materials/resources
☐ (f) Resources developed by the community (specify) ______________________________
☐ (g) Other (specify) ______________________________

5. a. Are there HIV/AIDS materials/resources available through this school for parents?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

b. If *Yes*, what types of HIV/AIDS materials/resources are available to parents? (Check [✓] all that apply)

☐ (a) Curricular document
☐ (b) Policies/Procedures
☐ (c) Pamphlets/Brochures
☐ (d) Newsletters
☐ (e) Reference books
☐ (f) Audiovisual materials (e.g., videos, cassettes, etc.)
☐ (g) Other (specify) ____________________

6. Who is primarily responsible for providing HIV/AIDS instruction to students in your school? (Check [✓] one only)

☐ (a) Health educator(s)
☐ (b) Other subject area teacher(s) (specify subject area[s]) ____________________
☐ (c) Guidance counselor(s)
☐ (d) School psychologist(s) or social worker(s)
☐ (e) School nurse(s)
☐ (f) Other health specialist(s) (e.g., health coordinator, SAPIS)
☐ (g) Outside organization representative(s) (specify organization[s]) ____________________
☐ (h) Others (specify) ____________________

7. Who else provides HIV/AIDS instruction in your school? (Check [✓] all that apply)

☐ (a) Administrator(s)
☐ (b) Health educator(s)
☐ (c) Other subject area teacher(s) (specify subject area[s]) ____________________
☐ (d) Guidance counselor(s)
☐ (e) School psychologist(s) or social worker(s)
☐ (f) School nurse(s)
☐ (g) Outside organization representative(s) (specify organization[s]) ____________________
☐ (h) Other (specify) ____________________

8. a. If an outside resource is used for instruction, is the instructor informed of State and/or Central Board guidelines for providing HIV/AIDS instruction?

☐ (1) Yes ☐ (2) No ☐ (3) Not applicable: No outside resource is used for instruction

b. If *Yes*, how is the instructor informed? Please explain.

9. a. If an outside resource is used for instruction, is this instruction monitored for compliance with New York State Commissioner of Education's Regulations?

☐ (1) Yes ☐ (2) No ☐ (3) Not applicable: No outside resource is used for instruction

b. If *Yes,* how is this instruction monitored? Please explain.

10. a. Is there a procedure in place in your school to allow parents to exempt their children from instruction concerning HIV/AIDS prevention?

☐ (1) Yes ☐ (2) No

b. If *Yes,* have parents been informed of this procedure?

☐ (1) Yes ☐ (2) No

c. If *Yes,* how have parents been informed of this procedure? Please explain.

11. How many students have been exempted since September 1991 from instruction concerning HIV/AIDS prevention? Enter number ________________

12. a. For each student that has been exempted from instruction concerning HIV/AIDS prevention, is there a written request on file from a parent or legal guardian asking that the student not participate in such instruction?

☐ (1) Yes ☐ (2) No

b. If *Yes,* does the written request provide an assurance by the parent or legal guardian that the student will receive such instruction at home?

☐ (1) Yes ☐ (2) No

13. a. Have students been exempted from portions of HIV/AIDS instruction other than HIV/AIDS prevention?

☐ (1) Yes ☐ (2) No

b. If *Yes*, from which other portions of HIV/AIDS instruction have they been exempted? (Check [✓] all that apply)

☐ (a) The portion about the nature of HIV/AIDS
☐ (b) The portion about the methods of HIV transmission
☐ (c) Both a and b
☐ (d) Another portion of the curriculum (specify) ______________________

14. How do you ensure that the HIV/AIDS instruction that is being provided to students in this school is age-appropriate? (Check [✓] all that apply)

☐ (a) By reviewing the curriculum/lesson plans/materials that are utilized for instruction
☐ (b) By providing instructional staff with training on how to provide age-appropriate instruction
☐ (c) By supervising the HIV/AIDS coordinator/team leader in providing for a and b
☐ (d) By observing instruction
☐ (e) No formal process exists
☐ (f) Other (specify) ______________________________________

15. How do you ensure that the HIV/AIDS instruction that is being provided to students is delivering accurate information about the nature of the disease, methods of transmission, and methods of prevention? (Check [✓] all that apply)

☐ (a) By reviewing the curriculum/lesson plans/materials that are utilized for instruction
☐ (b) By providing instructional staff with training on how to deliver accurate information
☐ (c) By supervising the HIV/AIDS coordinator/team leader in providing for a and b
☐ (d) By observing instruction
☐ (e) No formal process exists
☐ (f) Other (specify) ______________________________________

16. a. Has the instructional staff in this school received training to prepare them to teach HIV/AIDS in the classroom?

☐ (1) Yes ☐ (2) No

b. If *Yes,* what was the content of the training? (Check [✓] all that apply)

CONTENT AREA		**Check [✓] one**	
		Yes (1)	**No (2)**
a.	age-appropriate HIV/AIDS instruction		
b.	HIV/AIDS instruction that is consistent with community values		
c.	emphasis on abstinence as the only 100% sure method for preventing sexual transmission of HIV		
d.	information about the nature of HIV/AIDS		
e.	information about the methods of HIV transmission		
f.	information about the methods of HIV/AIDS prevention		
g.	information about the effectiveness of condoms as a method of prevention		
h.	information about the risks and consequences of condom failure		

17. a. Have you ever received HIV/AIDS education training?

☐ (1) Yes ☐ (2) No

b. If *Yes,* what was the content of your training? (Check [✓] all that apply)

CONTENT AREA		**Check [✓] one**	
		Yes (1)	**No (2)**
a.	age-appropriate HIV/AIDS instruction		
b.	HIV/AIDS instruction that is consistent with community values		
c.	emphasis on abstinence as the only 100% sure method for preventing sexual transmission of HIV		
d.	information about the nature of HIV/AIDS		
e.	information about the methods of HIV transmission		
f.	information about the methods of HIV/AIDS prevention		
g.	information about the effectiveness of condoms as a method of prevention		
h.	information about the risks and consequences of condom failure		

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

HIV/AIDS COMPLIANCE REVIEW

NEW YORK CITY PUBLIC SCHOOLS
CENTRAL BOARD OF EDUCATION MEMBER SURVEY

> This survey will provide important information for the State Education Department's Compliance Review of HIV/AIDS instruction in the New York City Public Schools. Be assured that your responses will remain confidential. Please respond as honestly and accurately as possible. Thank you.

1. a. Has the Central Board of Education established an advisory council for the HIV/AID instructional program?

☐ (1) Yes ☐ (2) No (If no, proceed to question #4)

b. If *Yes*, in what year was the HIV/AIDS Advisory Council established? Enter year ________

2. What are the roles of particular members of the HIV/AIDS Advisory Council? (Check [✓] all that apply)

☐ (a) Parent
☐ (b) School personnel
☐ (c) Community representative
☐ (d) Representative of a religious group
☐ (e) Other (specify) ________________________

3. What recommendations received from your HIV/AIDS Advisory Council did the Central Boar of Education consider when developing the HIV/AIDS instructional program? (Check [✓] a that apply)

☐ (a) Recommendations related to content of the HIV/AIDS instructional program
☐ (b) Recommendations related to the implementation of the HIV/AIDS instruction program
☐ (c) Recommendations related to the evaluation of the HIV/AIDS instructional program
☐ (d) Other (specify) ________________________

4. As a member of the Central Board of Education, in what areas have you been involved relate to the development of the HIV/AIDS instruction program? (Check [✓] all that apply)

☐ (a) Determining the content of the HIV/AIDS instructional program
☐ (b) Determining the implementation of the HIV/AIDS instructional program
☐ (c) Determining the evaluation of the HIV/AIDS instructional program
☐ (d) Determining a condom distribution policy
☐ (e) Other (specify) ________________________

5. Which of the following areas are addressed in the HIV/AIDS instructional program? (Check [✓] all that apply)

☐ (a) Information about the nature of the disease
☐ (b) Information about the methods of HIV transmission
☐ (c) Information about the methods of HIV/AIDS prevention
☐ (d) Emphasis on abstinence as the only 100% sure method for preventing sexual transmission of HIV
☐ (e) Information about the effectiveness of condoms as a method of prevention
☐ (f) Information about the risks and consequences of condom failure
☐ (g) Instruction that is age-appropriate
☐ (h) Other (specify) ______________________________

6. In your judgement, is the HIV/AIDS instructional program provided in the New York City Public Schools consistent with community values?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

On what do you base your answer? Please explain briefly.

7. Has the Central Board of Education provided for the training of teachers to prepare them to adequately provide HIV/AIDS instruction?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

8. Has the Central Board of Education provided appropriate curriculum materials to teaching staff to deliver HIV/AIDS instruction?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

9. Has the Central Board of Education submitted a condom distribution policy to its HIV/AIDS Advisory Council for consideration?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

10. In your judgment, is the HIV/AIDS instructional program in the New York City Public Schools in compliance with the New York Commissioner of Education's Regulations?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

On what do you base your answer? Please explain briefly.

11. How long have you served as a member of the Central Board of Education?

☐ (a) 6 months or less
☐ (b) One year or less
☐ (c) More than one year

Please mail the completed survey in the envelope provided by March 30 to:

Jacquee Albers
Room 964 EBA
New York State Education Department
Albany, New York 12234

Thank you for your cooperation.

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The University of the State of New York
THE STATE EDUCATION DEPARTMENT

HIV/AIDS COMPLIANCE REVIEW

NEW YORK CITY COMMUNITY SCHOOL DISTRICT BOARD OF EDUCATION MEMBER SURVEY

This survey will provide important information for the State Education Department's Compliance Review of HIV/AIDS instruction in the New York City Public Schools. Be assured that your responses will remain confidential. Please respond as honestly and accurately as possible. Thank you.

1. a. Has your Community School District Board of Education established an advisory council for the HIV/AIDS instructional program?

☐ (1) Yes ☐ (2) No (If no, proceed to question #4)

b. If *Yes,* in what year was the HIV/AIDS Advisory Council established? Enter year ___________

2. What are the roles of particular members of your HIV/AIDS Advisory Council? (Check [✓] all that apply)

☐ (a) Parent
☐ (b) School personnel
☐ (c) Community representative
☐ (d) Representative of a religious group
☐ (e) Other (specify) ____

3. What recommendations received from your HIV/AIDS Advisory Council did your Community School District Board of Education consider when developing the district's HIV/AIDS instructional program? (Check [✓] all that apply)

☐ (a) Recommendations related to content of the HIV/AIDS instructional program
☐ (b) Recommendations related to the implementation of the HIV/AIDS instructional program
☐ (c) Recommendations related to the evaluation of the HIV/AIDS instructional program
☐ (d) Other (specify) ____

4. As a member of your Community School District Board of Education, in what areas have you been involved related to the development of the HIV/AIDS instruction program for your district? (Check [✓] all only)

☐ (a) Determining the content of the HIV/AIDS instructional program
☐ (b) Determining the implementation of the HIV/AIDS instructional program
☐ (c) Determining the evaluation of the HIV/AIDS instructional program
☐ (d) Other (specify) ____

5. Which of the following areas are addressed in your Community School District's HIV AIDS instructional program? (Check [✓] all that apply)

☐ (a) Information about the nature of the disease
☐ (b) Information about the methods of HIV transmission
☐ (c) Information about the methods of HIV/AIDS prevention
☐ (d) Emphasis on abstinence as the only 100% sure method for preventing sexual transmission of HIV
☐ (e) Information about the effectiveness of condoms as a method of prevention
☐ (f) Information about the risks and consequences of condom failure
☐ (g) Instruction that is age-appropriate
☐ (h) Other (specify) ____________________

6. In your judgement, is the HIV/AIDS instructional program provided in your district consistent with community values?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

On what do you base your answer? Please explain.

7. Has your Community School District Board of Education provided for the training of teachers to prepare them to adequately provide HIV/AIDS instruction?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

8. Has your Community School District Board of Education provided appropriate curriculum materials to teaching staff to deliver HIV/AIDS instruction?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

9. In your judgment, is the HIV/AIDS instructional program in your Community School District in compliance with the New York State Commissioner of Education's Regulations?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

On what do you base your answer? Please explain briefly.

10. How long have you served as a member of your Community School District's Board of Education?

☐ (a) 6 months or less
☐ (b) One year or less
☐ (c) More than one year

Please mail the completed survey in the envelope provided by March 30, 1993 to:

Jacquee Albers
Room 964 EBA
New York State Education Department
Albany, New York 12234

Thank you for your cooperation.

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The University of the State of New York
THE STATE EDUCATION DEPARTMENT

HIV/AIDS COMPLIANCE REVIEW

NEW YORK CITY PUBLIC SCHOOLS
HIV/AIDS ADVISORY COUNCIL MEMBER SURVEY

This survey will provide important information for the State Education Department's Compliance Review of HIV/AIDS instruction in the New York City Public Schools. Be assured that your responses will remain confidential. Please respond as honestly and accurately as possible. Thank you.

1. Have you been involved in making recommendations to the Board of Education of the New York City Public Schools concerning the content of the HIV/AIDS instructional program?

☐ (1) Yes ☐ (2) No

2. Have you been involved in making recommendations to the Board of Education of the New York City Public Schools concerning the implementation of the HIV/AIDS instructional program?

☐ (1) Yes ☐ (2) No

3. Have you been involved in making recommendations to the Board of Education of the New York City Public Schools concerning the evaluation of the HIV/AIDS instructional program in your district?

☐ (1) Yes ☐ (2) No

4. Have you been involved in reviewing the Board of Education of the New York City Public Schools' condom distribution policy?

☐ (1) Yes ☐ (2) No

5. In your judgement, does the HIV/AIDS instructional program in the New York City Public Schools:

		Check [✓] one		
		Yes (1)	No (2)	Not sure (3)
a.	provide age-appropriate HIV/AIDS instruction?			
b.	provide HIV/AIDS instruction that is consistent with community values?			
c.	emphasize abstinence as the only 100% sure method for preventing sexual transmission of HIV			
d.	provide information about the nature of HIV/AIDS?			

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5. *(Continue)*

		Check [✓] one		
		Yes (1)	No (2)	Not sure (3)
e.	provide information about the methods of HIV transmission?			
f.	provide information about the methods of HIV/AIDS prevention?			
g.	provide information about the effectiveness of condoms as a method of prevention?			
h.	clearly disclose the risks and consequences of condom failure?			

6. What describes your role on the HIV/AIDS Advisory Council? (Check [✓] only one)

☐ (a) Parent
☐ (b) School personnel
☐ (c) Community representative
☐ (d) Representative of a religious group
☐ (d) Other (specify) ______________________________

7. How long have you served as a member of the HIV/AIDS Advisory Council?

☐ (a) 6 months or less
☐ (b) One year or less
☐ (c) More than one year

8. What best describes your level of involvement on the HIV/AIDS Advisory Council. (Check [✓] only one)

☐ (a) Very active and involved
☐ (b) Somewhat active and involved
☐ (c) Not active or involved

9. Do you think the representation on the HIV/AIDS Advisory Council reflects a balance of the various sectors and values of the community?

☐ (1) Yes ☐ (2) Somewhat ☐ (3) No

10. In your judgement, is the HIV/AIDS instructional program provided in the New York City Public Schools in compliance with the New York State Commissioner of Education's Regulations?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

On what do you base your judgement? Please explain briefly.

Please mail the completed survey in the envelope provided by March 30, 1993 to:

Jacquee Albers
Room 964 EBA
New York State Education Department
Albany, New York 12234

Thank you for your cooperation.

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The University of the State of New York
THE STATE EDUCATION DEPARTMENT

HIV/AIDS COMPLIANCE REVIEW

NEW YORK CITY COMMUNITY SCHOOL DISTRICT HIV/AIDS ADVISORY COUNCIL MEMBER SURVEY

This survey will provide important information for the State Education Department's Compliance Review of HIV/AIDS instruction in the New York City Public Schools. Be assured that your responses will remain confidential. Please respond as honestly and accurately as possible. Thank you.

1. Have you been involved in making recommendations to the Community School District Board of Education concerning the content of the HIV/AIDS instructional program?

   ☐ (1) Yes ☐ (2) No

2. Have you been involved in making recommendations to the Community School District Board of Education concerning the implementation of the HIV/AIDS instructional program?

   ☐ (1) Yes ☐ (2) No

3. Have you been involved in making recommendations to the Community School District Board of Education concerning the evaluation of the HIV/AIDS instructional program in your district?

   ☐ (1) Yes ☐ (2) No

4. In your judgement, does the HIV/AIDS instructional program in your community school district:

		Check [✓] one		
		Yes (1)	**No (2)**	**Not sure (3)**
a.	provide age-appropriate HIV/AIDS instruction?			
b.	provide HIV/AIDS instruction that is consistent with community values?			
c.	emphasize abstinence as the only 100% sure method for preventing sexual transmission of HIV			
d.	provide information about the nature of HIV/AIDS?			
e.	provide information about the methods of HIV transmission?			
f.	provide information about the methods of HIV/AIDS prevention?			
g.	provide information about the effectiveness of condoms as a method of prevention?			
h.	clearly disclose the risks and consequences of condom failure?			

5. What describes your role on the HIV/AIDS Advisory Council? (Check [✓] only one)

- ☐ (a) Parent
- ☐ (b) School personnel
- ☐ (c) Community representative
- ☐ (d) Representative of a religious group
- ☐ (d) Other (specify) ____________________

6. How long have you served as a member of the HIV/AIDS Advisory Council?

- ☐ (a) 6 months or less
- ☐ (b) One year or less
- ☐ (c) More than one year

7. What best describes your level of involvement on the HIV/AIDS Advisory Council. (Check [✓] only one)

- ☐ (a) Very active and involved
- ☐ (b) Somewhat active and involved
- ☐ (c) Not active or involved

8. Do you think the representation on the HIV/AIDS Advisory Council reflects a balance of the various sectors and values of the community?

☐ (1) Yes ☐ (2) Somewhat ☐ (3) No

9. In your judgement, is the HIV/AIDS instructional program provided in your community school district in compliance with the New York State Commissioner of Education's Regulations?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

On what do you base your judgement? Please explain briefly.

Please mail the completed survey in the envelope provided by March 30, 1993 to:

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New York State Education Department
Albany, New York 12234

Thank you for your cooperation.

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THE STATE EDUCATION DEPARTMENT

HIV/AIDS COMPLIANCE REVIEW

NEW YORK CITY HIV/AIDS INSTRUCTION (GRADES K-12) CLASSROOM OBSERVATION CHECKLIST

(Use one observation form for each lesson reviewed)

Date: _____/_____/_____	Observer: ____________________
School Building: ____________________	CSD: ____________________
Length of Lesson: ____________________	Classroom Grade Level: ____________

1. Who provided the HIV/AIDS instruction during this classroom period? (Check [✓] all that apply)

☐ (a) Elementary classroom teacher
☐ (b) Health educator
☐ (c) Another subject area teacher (specify subject) ____________________
☐ (d) Guidance counselor
☐ (e) School psychologist or social worker
☐ (f) School nurse or doctor
☐ (g) Other health specialist (e.g., health coordinator, SPARK, SAPIS, etc.)
☐ (h) Outside organization representative (specify organization) ____________________
☐ (i) Administrator
☐ (j) Other (specify) ____________________

2. Which of the following HIV/AIDS-related topics was the focus of the lesson? (Check [✓] all that apply)

☐ (a) Nature of HIV/AIDS
☐ (b) Methods of HIV/AIDS transmission
☐ (c) Methods of HIV/AIDS prevention
☐ (d) Other (specify) ____________________

3. Did the HIV/AIDS lesson stress abstinence?

☐ (1) Yes ☐ (2) No ☐ (3) Not applicable to the lesson

4. Was the HIV/AIDS lesson age-appropriate?

☐ (1) Yes ☐ (2) No

5. Which of the following content areas were addressed during the lesson? (Check [✓] all that apply). Indicate whether the information was addressed and, if addressed, whether it was accurate.

HIV/AIDS CONTENT AREA	Check [✓] If Information Was			
	Addressed		Accurate	
	Yes (1)	No (2)	Yes (1)	No (2)
Nature of HIV/AIDS				
a. Cause of HIV/AIDS				
b. Symptoms of HIV/AIDS				
c. Impact of HIV/AIDS on body				
Methods of HIV Transmission				
d. Sexual intercourse				
e. Injecting drugs				
f. Sharing of needles (for injecting drugs, ear piercing, or tattooing)				
g. Transfusion of infected blood or blood product				
h. Mother-to-child transmission				
Methods of HIV/AIDS Prevention				
i. Universal precautions				
j. Abstinence from drugs and alcohol				
k. Abstinence from sexual intercourse				
l. Delaying of sexual intercourse				
m. Proper condom use				
n. Effectiveness of condoms as a method of prevention				
o. Risks and consequences of condom failure				
p. Assertive communication skills and refusal skills				
q. Self-respect				
r. Decision-making skills				

6. Did the teacher excuse any students who were exempted from receiving HIV/AIDS prevention instruction?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

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HIV/AIDS COMPLIANCE REVIEW

DOCUMENT REVIEW FORM FOR CURRICULAR DOCUMENTS

Directions: This form is to be used for evaluating HIV/AIDS curricular documents provided to the instructional staff by the Central and/or Community School District Board of Education. Use one form per document reviewed.

Name of Reviewer: ______________________ Date: ____/____/____

School: ______________________ CSD: ______________

1. Title of Curricular Document: ______________________

2. Grade(s) in which Curriculum is used: (Check [✓] all that apply)

☐ (a) K ☐ (b) 1 ☐ (c) 2 ☐ (d) 3 ☐ (e) 4 ☐ (f) 5

☐ (g) 6 ☐ (h) 7 ☐ (i) 8 ☐ (j) 9 ☐ (k) 10 ☐ (l) 11

☐ (m) 12 ☐ (n) Ungraded special education

3. Description of Curriculum Contents (Check [✓] all that apply)

☐ (a) Goals and/or objectives
☐ (b) Lesson plans
☐ (c) Classroom activities
☐ (d) Evaluation activities
☐ (e) Scope and sequence
☐ (f) Other (specify) ______________________

4. a. Does this curriculum provide for instruction about the nature of HIV/AIDS?

☐ (1) Yes ☐ (2) No

b. If *Yes,* check [✓] all the topics below that are addressed in this curriculum.

☐ (a) Origin and cause of HIV/AIDS
☐ (b) Symptoms of HIV/AIDS
☐ (c) Impact of HIV/AIDS on body
☐ (d) Diagnosis of HIV/AIDS

5. Does this curriculum provide for instruction that is age-appropriate?

☐ (1) Yes ☐ (2) No

6. a. Does this curriculum provide for instruction about the methods of HIV transmission?

☐ (1) Yes ☐ (2) No

b. If *Yes,* check [✓] all the topics below that are addressed in this curriculum.

☐ (a) Sexual intercourse
☐ (b) Injecting drugs
☐ (c) Sharing of needles (for injecting drugs, ear piercing, or tattooing)
☐ (d) Transfusion of infected blood or blood product
☐ (e) Mother-to-child transmission

7. a. Does this curriculum document provide for instruction about the methods of HIV/AIDS prevention?

☐ (1) Yes ☐ (2) No

b. If *Yes,* check [✓] all the topics below that are addressed in this curriculum.

☐ (a) Universal precautions
☐ (b) Abstinence from drugs and alcohol
☐ (c) Abstinence from sexual intercourse
☐ (d) Delaying of sexual intercourse
☐ (e) Proper condom use
☐ (f) Effectiveness of condoms as a method of prevention
☐ (g) Risks and consequences of condom failure
☐ (h) Assertive communication skills and refusal skills
☐ (i) Self-respect
☐ (j) Decision-making skills

8. Does this curriculum provide accurate information about:

(a) nature of HIV/AIDS?

☐ (1) Yes ☐ (2) No

(b) the methods of HIV transmission?

☐ (1) Yes ☐ (2) No

(c) the methods of HIV/AIDS prevention?

☐ (1) Yes ☐ (2) No

9. a. Does this curriculum provide information and instructional materials concerning abstinence?

☐ (1) Yes ☐ (2) No

b. If *Yes*, does this curriculum stress abstinence as the most appropriate and effective protection against sexual transmission of HIV?

☐ (1) Yes ☐ (2) No

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

HIV/AIDS COMPLIANCE REVIEW

HIGH SCHOOL HIV/AIDS INSTRUCTION PLAN INCLUDING CONDOM AVAILABILITY REVIEW FORM

Directions: This form is to be used in answering specific questions about the New York City Public Schools Condom Availability Program. Information should be gathered from two sources: document review and interview. The document review will be the primary source of information. Where the document review does not address an issue or issues of concern, information should be obtained through interviewing the HIV/AIDS team leader and/or the building principal.

Name of High School: ______________________ Date of Review: ____/____/____

Name of State Education Department Reviewer: ______________________

	Yes, Information Obtained Through Document Review	**Yes, Information Obtained Through Interview**	**No, No Evidence**
1. Are condoms made available only to students who participate in an appropriate HIV/AIDS instruction program as defined by the Commissioner's Regulations?			
2. Are students who receive condoms provided with accurate and complete health guidance as to the risks of disease that may result from their use or misuse of condoms?			
3. If students are provided with health guidance as to the risks of disease that may result from their use or misuse of condoms, is this information 1) accurate?			
2) complete?			
3) age-appropriate?			
4. Is personal health guidance provided by health service personnel or school personnel who are trained and supervised by competent health professionals or health educators?			

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The University of the State of New York
THE STATE EDUCATION DEPARTMENT

HIV/AIDS COMPLIANCE REVIEW

CENTRAL AND COMMUNITY SCHOOL DISTRICT BOARD OF EDUCATION DOCUMENT REVIEW

Directions: This form is to be used for answering specific questions about the involvement of the Central and Community School Boards' of Education in HIV/AIDS instruction. Information should be gathered from two sources: document review and interview. The document review will be the primary source of information; relevant material to be reviewed include minutes of Central Community School Board policy and procedures, and other material. Where the written documentation does not address an issue(s) of concern, information should be obtained through interviewing Central Board personnel and/or the Community School District Health Coordinator.

Name of School District (Central or Community School District): ____________________

Name of Document Reviewed: ____________________ Date Reviewed: _____/_____/_____

Name SED Reviewer: ____________________

	Yes, Information Verified through Document Review	Yes, Information Verified through Interview	No, No Evidence
1. Did the Board of Education (BOE) determine the content of the HIV/AIDS curriculum?			
2. Did the BOE approve the implementation of the HIV/AIDS curriculum?			
3. Did the BOE provide for appropriate training of staff who conduct HIV/AIDS education?			
4. Did the BOE provide for appropriate curricular materials for the instructional staff?			
5. Does the BOE provide for instructional materials to parents who request them?			
6. Did the BOE establish an advisory council responsible for making recommendations concerning the content, implementation, and evaluation of the district's HIV/AIDS instructional program?			
7. Does the BOE provide for the evaluation of the district's HIV/AIDS instructional program?			

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APPENDIX C

Matrix of Review Instruments Addressing Each of the Questions Relative to HIV/AIDS Education

Review Questions	Review Instruments -- Surveys							
	Elementary Teacher Survey	Health Educator Survey	Elementary Middle Sch Principal Survey	High School Principal Survey	CSD Advisory Council Survey	Building Advisory Council Survey	CSD Board of Education Member Survey	Central Board of Education Member Survey
1. Does the instructional program provide accurate information concerning the nature of the disease, methods of transmission, methods of prevention and stress abstinence? Sec. 135.3(b)(2) Sec. 135.3(c)(2)(i)	3,4,6,12c-i	3,4,6,12c-h,13	1,2,6,7,15 1,3,6,7,15	1,3,6,7,15	4c-h 4c-h	5c-h 5c-h	5 5	5 5
2. Is the HIV/AIDS instruction being offered appropriate for the age and grade level of students? Sec. 135.3(b)(2) Sec. 135.3(c)(2)(i)	1,9,12a	1,9,12a	14 14	14	4a 4a	5a 5a	5f 5f	5f 5f
3. Are the instructional materials being used appropriate for the age and grade level of the students? Sec. 135.3(b)(2) Sec. 135.3(c)(2)(i)	7,8	7,8	4 4	4			8 8	8 8
4. Are instructional personnel at the secondary level holders of a certificate to teach health education? Sec. 135.3(c)(1)		2,6	3,6,7	3,6,7				
5. Are personnel providing HIV/AIDS instruction receiving appropriate training? Sec. 135.3(b)(2) Sec. 135.3(c)(2)	5,10,11	5,10,11	8,16,17 8,16,17	8,16,17,20			7 7	7 7

Review Questions	Review Instruments -- Surveys							
	Elementary Teacher Survey	Health Educator Survey	Elementary Middle Sch Principal Survey	High School Principal Survey	CSD Advisory Council Survey	Building Advisory Council Survey	CSD Board of Education Member Survey	Central Board of Education Member Survey
6. Are Boards of Education and HIV/AIDS Advisory Councils active in determining the content of the HIV/AIDS curriculum, approving its implementation and evaluating the instructional program?								
Sec. 135.3(b)(2)	5		2,17i		1,2,3,5,6,7	1,2,3,6,7,8	1,2,3,4	1,2,3,4
Sec. 135.3(c)(2)		5	2,17i	2	1,2,3,5,6,7	1,2,3,6,7,8	1,2,3,4	1,2,3,4
7. Is the Central Board of Education establishing procedures to assure that condom availability programs at the high school level comply with all requirements in the Commissioner's Regulations?								
Sec. 135.3(c)(2)(ii)(a)						4		
Sec. 135.3(c)(2)(ii)(b)				18b,18c				
Sec. 135.3(c)(2)(ii)(c)		12g		19				
Sec. 135.3(c)(2)(ii)(d)		10g,11g	16g,17g	21				
Sec. 135.3(c)(2)(ii)(e)				19a				
Issues unrelated to study questions but found in Commissioner's Regulations								
• Consistent with community values	12b,14	12b,15	16	16	4b,8	5b,9	6	6
• Exemption from instruction	14	14	10,11,12,13	10,11,12,13				
• Materials available for parents			5	5				
• Compliance with regulations			9,19	9,22	9	10	9	9

Matrix of Review Instruments Addressing Each of the Questions Relative to HIV/AIDS Education

Review Questions	Review Instruments						
	Curriculum Document Review	Board of Education Document Review	Advisory Council Document Review	Condom Availability Review	Classroom Observation Checklist	Teacher Focus Groups	Student Focus Groups
1. Does the instructional program provide accurate information concerning the nature of the disease, methods of transmission, methods of prevention and stress abstinence? Sec. 135.3(b)(2) Sec. 135.3(c)(2)(i)	4,6,7,8,9 4,6,7,8,9				2,3,5 2,3,5	1,2 1,2	1,2,3,7
2. Is the HIV/AIDS instruction being offered appropriate for the age and grade level of students? Sec. 135.3(b)(2) Sec. 135.3(c)(2)(i)	5 5				4 4		
3. Are the instructional materials being used appropriate for the age and grade level of the students? Sec. 135.3(b)(2) Sec. 135.3(c)(2)(i)	1-9 1-9					3 3	6
4. Are instructional personnel at the secondary level holders of a certificate to teach health education? Sec. 135.3(c)(1)					1	4	5
5. Are personnel providing HIV/AIDS instruction receiving appropriate training? Sec. 135.3(b)(2) Sec. 135.3(c)(2)							

17. *(Continue)*

	CONTENT AREA	Check [✓] one	
		Yes (1)	No (2)
i.	Central Board policies and procedures related to HIV/AIDS instruction		
j.	New York State Commissioner of Education's Regulations related to HIV/AIDS instruction		
k.	Other (specify)		

18. a. Does your school have an HIV/AIDS instructional plan that includes condom availability?

☐ (1) Yes ☐ (2) No

b. If *Yes*, are condoms made available only to students who participate in an appropriate HIV/AIDS instruction program as defined by State Education Department Commissioner's Regulations?

☐ (1) Yes ☐ (2) No

c. If *Yes*, how is student participation in HIV/AIDS instruction verified? Please explain.

19. a. Are students who receive condoms provided with accurate and complete health guidance as to the risks of disease that may result from their use or misuse of condoms?

☐ (1) Yes ☐ (2) No

b. If *Yes*, how do you ensure that the guidance provided is appropriate and includes accurate, complete and age-appropriate information? Please explain.

20. Have the health services personnel or other school personnel who provide personal health guidance to students receiving condoms received training from competent health professionals or health educators?

☐ (1) Yes ☐ (2) No ☐ (1) Not sure

21. Who supervises the personnel who provide personal health guidance to students receiving condom availability. List title and qualifications of the individual.

22. a. To the best of your knowledge, is the HIV/AIDS instructional program in your school in compliance with the New York State Commissioner of Education's Regulations?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

b. On what do you base your judgement? Please explain briefly.

Please seal the completed survey in the envelope provided and sign New York City Public School name across the seal. The State Education Compliance Review Team will collect all surveys from your building on the day of its review.

Thank you for your cooperation.

2/93

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

HIV/AIDS COMPLIANCE REVIEW

ELEMENTARY SCHOOL TEACHER SURVEY

Directions: This survey will provide important information for the State Education Department's Compliance Review of HIV/AIDS instruction in the New York City Public Schools. Be assured that all of your responses will remain confidential. Please respond as honestly and accurately as possible. Thank you.

1. At which grade levels do you provide HIV/AIDS instruction? (Check [✓] all that apply)

☐ a. K ☐ b. 1 ☐ c. 2 ☐ d. 3 ☐ e. 4 ☐ f. 5

☐ g. 6 ☐ h. Ungraded special education

2. a. Are you certified to teach at the elementary level? (Nursery, Kindergarten, Grades 1-6)

☐ (1) Yes ☐ (2) No

b. If *Yes*, what type of certification do you currently have? (Check [✓])

☐ (1) Provisional ☐ (2) Permanent

3. Have you provided or do you plan to provide HIV/AIDS instruction to students during the 1992-93 school year?

☐ (1) Yes ☐ (2) No

4. a. Is anyone else providing or will anyone else provide HIV/AIDS instruction in your class during the 1992-93 school year?

☐ (1) Yes ☐ (2) No

b. If *Yes*, who else provided or will provide HIV/AIDS instruction to your students? (Check [✓] all that apply)

☐ (a Administrator(s)
☐ (b) Teacher(s) certified to teach health
☐ (c) Guidance counselor(s)
☐ (d) School psychologist(s) or social worker(s)
☐ (e) School nurse(s)
☐ (f) Other health specialist(s) (e.g., health coordinator, SAPIS, etc.)
☐ (g) Outside organization representative(s) (specify organization[s]) ________________
☐ (h) Other (specify) ________________________________

5. a. Have you received specific written guidelines from the State, Central Board and/or your Community School District concerning what should be taught about HIV/AIDS?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

b. If *Yes*, are you familiar with these guidelines?

☐ (1) Yes ☐ (2) No

6. a. Is there anyone in your school building who coordinates HIV/AIDS instruction, including coordination across grade levels?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

b. If *Yes*, please give the title and position of that person ____________________

7. If you have provided or will provide HIV/AIDS instruction during the 1992-93 school year, which of the following curriculum materials did you or will you use? (Check [✓] all that apply)

	CURRICULAR MATERIALS	**Check [✓] one**	
		Yes (1)	**No (2)**
a.	New York State Health/AIDS Instructional Guide/Grades K-12 (1987)		
b.	New York State Supplement to AIDS Instructional Guide/Grades K-12 (Special Education) (1990)		
c.	New York City HIV/AIDS Curriculum for Grades K-6 (1992): A Supplement to a Comprehensive Health Curriculum		
d.	Draft of New York City HIV/AIDS Curriculum/Grades K-6 (1989)		
e.	Community School District-developed curriculum		
f.	Teacher-developed HIV/AIDS materials/resources		
g.	Resources developed by the community (specify)		
h.	Other (specify)		

8. Which of the curricular materials and resources from item 7 is your primary source for providing HIV/AIDS instruction (i.e., the one you rely on most) during the 1992-93 school year? *Please enter in the box below the letter from #7 that corresponds to the primary document used.*

Enter letter ☐

9. From the list below, please check [✓] the approach that best describes the way you provide or plan to provide HIV/AIDS instruction to your class.

☐ (1) As a separate unit
☐ (2) Integrated into the elementary health education curriculum
☐ (3) Integrated into other subjects of the elementary curriculum
☐ (4) All of the above
☐ (5) I will not provide HIV/AIDS instruction

10. a. Have you received training (inservice, workshops, seminars, etc.) to prepare you to provide HIV/AIDS instruction?

☐ (1) Yes ☐ (2) No

b. If *Yes*, in what content areas did you receive training?

	CONTENT AREA	**Check [✓] one**	
		Yes (1)	**No (2)**
a.	age-appropriate HIV/AIDS instruction		
b.	HIV/AIDS instruction that is consistent with community values		
c.	abstinence as the only 100% sure method for preventing sexual transmission of HIV		
d.	information about the nature of HIV/AIDS		
e.	information about the methods of HIV transmission		
f.	information about the methods of HIV/AIDS prevention		
g.	information about the effectiveness of condoms as a method of prevention		
h.	information about the risks and consequences of condom failure		
i.	other (specify)		

1. As a result of your training, indicate how prepared you feel to:

CONTENT AREA		Check [✓] one			
		Very well prepared (1)	Somewhat prepared (2)	Not well prepared (3)	Not applicable: No training received in this area (4)
a.	provide age-appropriate HIV/AIDS instruction				
b.	provide HIV/AIDS instruction that is consistent with community values				
c.	emphasize abstinence as the only 100% sure method for preventing sexual transmission of HIV				
d.	provide accurate information about the nature of HIV/AIDS				
e.	provide accurate information about the methods of HIV transmission				
f.	provide accurate information about the methods of HIV/AIDS prevention				
g.	provide information about the effectiveness of condoms as a method of prevention				
h.	clearly disclose the risks and consequences of condom failure				
i.	other (specify)				

12. If you have provided HIV/AIDS instruction this year, did you:

CONTENT AREA		Check [✓] one	
		Yes (1)	No (2)
a.	provide age-appropriate HIV/AIDS instruction		
b.	provide HIV/AIDS instruction that is consistent with community values		
c.	emphasize abstinence as the only 100% sure method for preventing sexual transmission of HIV		
d.	provide information about the nature of HIV/AIDS		

12. (Continued)

CONTENT AREA	Check [✓] one	
	Yes (1)	No (2)
e. provide information about the methods of HIV transmission		
f. provide information about the methods of HIV/AIDS prevention		
g. provide information about the effectiveness of condoms as a method of prevention		
h. clearly disclose the risks and consequences of condom failure		
i. other (specify)		

13. For each of the content areas listed below, check whether you have addressed or plan to address this topic in your HIV/AIDS instruction during the 1992-93 school year.

HIV/AIDS CONTENT AREA	Check [✓] If Content Area		
	Was Addressed (1)	Will be Addressed (2)	Will Not be Addressed (3)
Nature of HIV/AIDS			
a. Cause of HIV/AIDS			
b. Symptoms of HIV/AIDS			
c. Impact of HIV/AIDS on body			
Methods of HIV Transmission			
d. Sexual intercourse			
e. Injecting drugs			
f. Sharing of needles (for injecting drugs, ear piercing, or tattooing)			
g. Transfusion of infected blood or blood product			
h. Mother-to-child transmission			
Methods of HIV/AIDS Prevention			
i. Universal precautions			
j. Abstinence from drugs and alcohol			
k. Abstinence from sexual intercourse			
l. Delaying of sexual intercourse			
m. Proper condom use			

13. (Continued)

HIV/AIDS CONTENT AREA	Check [✓] If Content Area		
	Was Addressed (1)	Will be Addressed (2)	Will Not be Addressed (3)
n. Effectiveness of condoms as a method of prevention			
o. Risks and consequences of condom failure			
p. Assertive communication skills and refusal skills			
q. Self-respect			
r. Decision-making skills			

14. Have any students in your classes been exempted from receiving instruction in HIV/AIDS prevention?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

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2/93

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

HIV/AIDS COMPLIANCE REVIEW

HEALTH EDUCATOR SURVEY

Directions: This survey will provide important information for the State Education Department's Compliance Review of HIV/AIDS instruction in the New York City Public Schools. Be assured that all of your responses will remain confidential. Please respond as honestly and accurately as possible. Thank you.

1. At which grade levels do you provide HIV/AIDS instruction? (Check [✓] all that apply)

☐ (a) 6 ☐ (b) 7 ☐ (c) 8 ☐ (d) 9 ☐ (e) 10 ☐ (f) 11

☐ (g) 12 ☐ (h) Ungraded special education

2. a. Are you certified to teach health education?

☐ (1) Yes ☐ (2) No

b. If *Yes*, what type of certification do you currently have? (Check [✓])

☐ (a) Provisional ☐ (b) Permanent

3. Have you provided or do you plan to provide HIV/AIDS instruction to students during the 1992-93 school year as part of the required health education course?

☐ (1) Yes ☐ (2) No

4. a. Is anyone else providing or will anyone else provide HIV/AIDS instruction in your classes as part of the required health education course during the 1992-93 school year?

☐ (1) Yes ☐ (2) No

b. If *Yes*, who else provided or will provide HIV/AIDS instruction in your classes? (Check [✓] all that apply)

☐ (a) Administrator(s)
☐ (b) Other health educator(s)
☐ (c) Other subject area teacher(s) (specify subject area[s]) ____________________
☐ (d) Guidance counselor(s)
☐ (e) School psychologist(s) or social worker(s)
☐ (f) School nurse(s)
☐ (g) Other health specialist(s) (e.g., health coordinator, SPARK, SAPIS, etc.)
☐ (h) Outside organization representative(s) (specify organization[s]) ____________________
☐ (i) Other (specify) ____________________

5. a. Have you received specific written guidelines from the State, Central Board and/or your Community School District, if applicable, concerning what should be taught about HIV/AIDS?

☐ (1) Yes ☐ (2) No ☐ (3) Not sure

b. If *Yes*, are you familiar with these guidelines?

☐ (1) Yes ☐ (2) No

6. a. Is there anyone in your school building who coordinates HIV/AIDS instruction, including coordination across grade levels?

☐ (1) Yes ☐ (2) No ☐ (3) No sure

b. If *Yes*, please give the title or position of that person ____________________

7. Which of the following materials and resources do you use or plan to use to provide HIV/AIDS instruction during the 1992-93 school year? (Check [✓] the grade levels in which you use or plan to use these documents.

CURRICULAR MATERIALS		**Grade Levels (Check [✓] all that apply)**							**N/A**
		6	7	8	9	10	11	12	
a.	New York State HIV/AIDS Instructional Guides/Grades K-12 (1987)								
b.	New York State Supplement to AIDS Instructional Guide/Grades K-12 (Special Education) (1990)								
c.	New York City HIV/AIDS Supplement for Grades 7-12: Family Living Including Sex Education								
d.	Teacher-developed HIV/AIDS materials/resources								
f.	Resources developed by the community (specify)								
g.	Other (specify)								

8. Which of the curricular materials and resources from item 7 is your primary source for providing HIV/AIDS instruction (i.e., the one you rely on most) during the 1992-93 school year? *Please enter in the box below the letter from #7 that corresponds to the primary document used.*

Enter letter ☐

9. From the list below, please check [✓] the approach that best describes the way you provide or plan to provide HIV/AIDS instruction to your class.

☐ (1) As a separate unit
☐ (2) Integrated into other topics of the health education curriculum
☐ (3) Both 1 and 2
☐ (4) I will not provide HIV/AIDS instruction

10. a. Have you received training (inservice, workshops, seminars, etc.) to prepare you for providing HIV/AIDS instruction?

☐ (1) Yes ☐ (2) No If yes, when ____________________

b. If *Yes*, in what content areas did you receive training?

	CONTENT AREA	Check [✓] one	
		Yes (1)	**No (2)**
a.	age-appropriate HIV/AIDS instruction		
b.	HIV/AIDS instruction that is consistent with community values		
c.	abstinence as the only 100% sure method for preventing sexual transmission of HIV		
d.	information about the nature of HIV/AIDS		
e.	information about the methods of HIV transmission		
f.	information about the methods of HIV/AIDS prevention		
g.	information about the effectiveness of condoms as a method of prevention		
h.	information about risks and consequences of condom failure		
i.	other (specify)		

11. As a result of your training, indicate how prepared you feel to:

CONTENT AREA	**Check [✓] one**			
	Very well prepared (1)	**Somewhat prepared (2)**	**Not well prepared (3)**	**Not applicable: no training received in this area (4)**
a. provide age-appropriate HIV/AIDS instruction				
b. provide HIV/AIDS instruction that is consistent with community values				
c. emphasize abstinence as the only 100% sure method for preventing sexual transmission of HIV				
d. provide accurate information about the nature of HIV/AIDS				
e. provide accurate information about the methods of HIV transmission				
f. provide accurate information about the methods of HIV/AIDS prevention				
g. provide information about the effectiveness of condoms as a method of prevention				
h. clearly disclose the risks and consequences of condom failure				
i. other (specify)				

12. If you have provided HIV/AIDS instruction this year, did you:

CONTENT AREA	**Check [✓] one**	
	Yes (1)	**No (2)**
a. provide age-appropriate HIV/AIDS instruction		
b. provide HIV/AIDS instruction that is consistent with community values		
c. emphasize abstinence as the only 100% sure method for preventing sexual transmission of HIV		
d. provide information about the nature of the disease		

12. (Continue)

CONTENT AREA		Check [✓] one	
		Yes (1)	No (2)
e.	provide information about the methods of HIV transmission		
f.	provide information about the methods of HIV/AIDS prevention		
g.	provide information about the effectiveness of condoms as a method of prevention		
h.	clearly disclose the risks and consequences of condom failure		
i.	other (specify)		

13. For each of the content areas listed below, check whether you have addressed or plan to address this topic in your HIV/AIDS instruction during the 1992-93 school year.

HIV/AIDS CONTENT AREA		Check [✓] If Content Area		
		Was Addressed (1)	Will be Addressed (2)	Will Not be Addressed (3)
Nature of HIV/AIDS				
a.	Cause of HIV/AIDS			
b.	Symptoms of HIV/AIDS			
c.	Impact of HIV/AIDS on body			
Methods of HIV Transmission				
d.	Sexual intercourse			
e.	Injecting drugs			
f.	Sharing of needles (for injecting drugs, ear piercing, or tattooing)			
g.	Transfusion of infected blood or blood product			
h.	Mother-to-child transmission			
Methods of HIV/AIDS Prevention				
i.	Universal precautions			
j.	Abstinence from drugs and alcohol			
k.	Abstinence from sexual intercourse			
l.	Delaying of sexual intercourse			

13. *(Continue)*

HIV/AIDS CONTENT AREA		Check [✓] If Content Area		
		Was Addressed (1)	**Will be Addressed (2)**	**Will Not be Addressed (3)**
m.	Proper use of condoms			
n.	Effectiveness of condom use			
o.	Risks and consequences of condom failure			
p.	Assertive communication skills and refusal skills			
q.	Self-respect			
r.	Decision-making skills			

14. Are students being exempted from any part of HIV/AIDS instruction other than prevention?

☐ (1) Yes ☐ (2) No ☐ (2) Not sure

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Thank you for your cooperation.

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